

Imaging and Multi-modality Navigation in Interventional Oncology

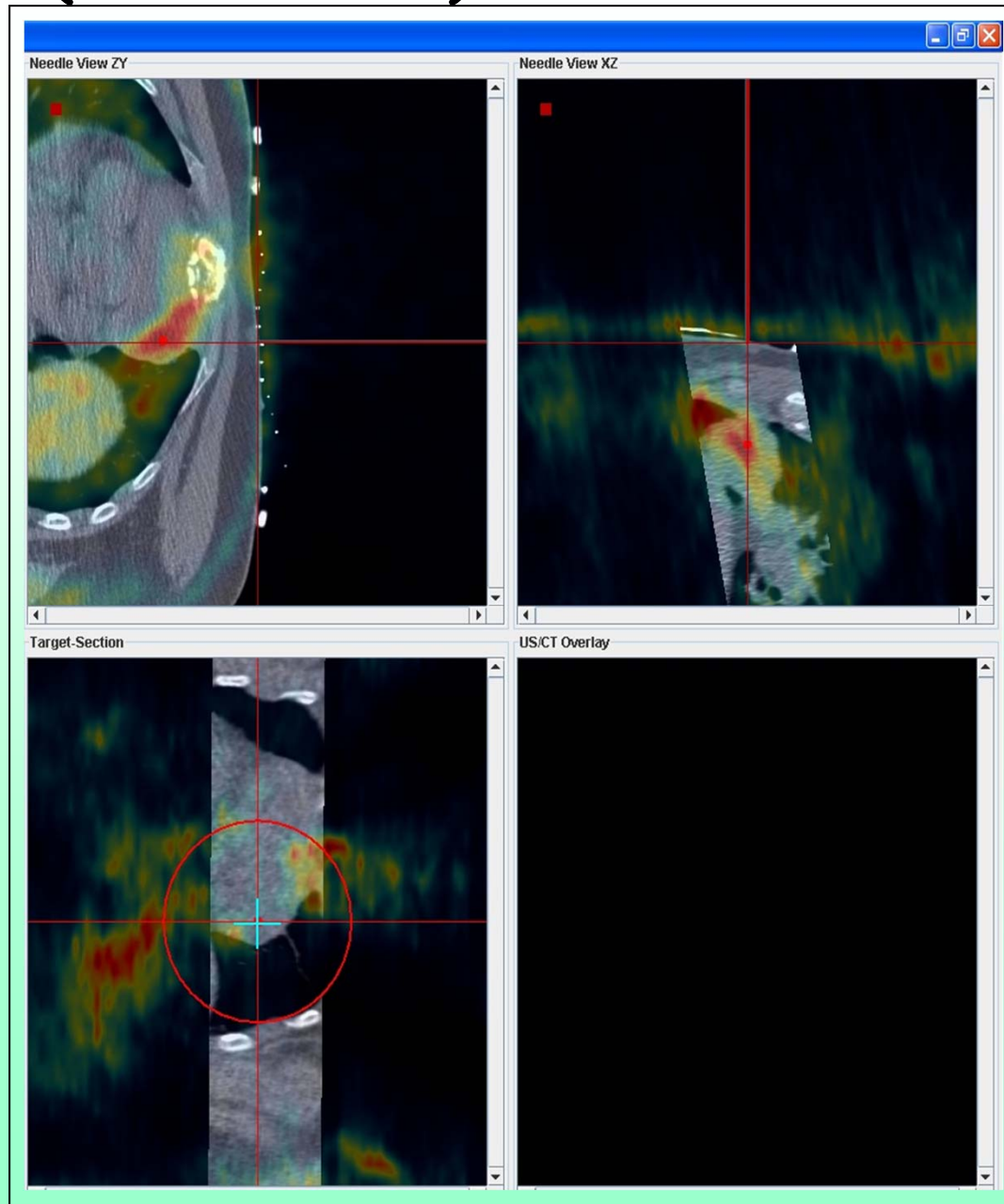
- Molecular Interventions:
 - Drug + Device + Image
- Multi-modality Interventions:
 - Medical GPS during procedures
- Operating Room of Future:
 - Navigation & Robots
 - Personalized Oncology
 - Image-Guided Drug Painting



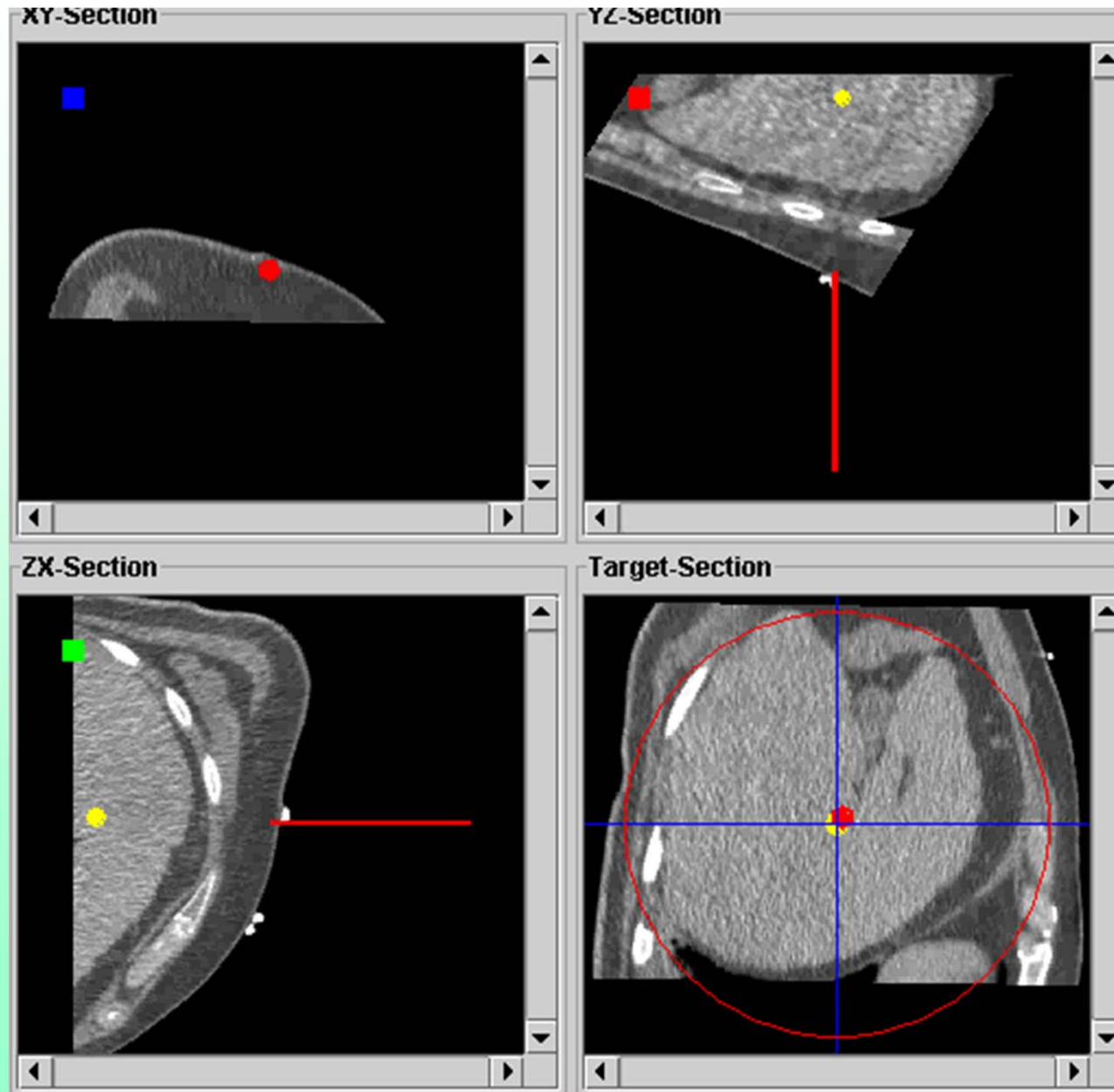
Brad Wood, MD
NCI Center for Interventional Oncology
Intramural Research Program
NCI BSA, October, 2009



PET (Metabolic) Guided Procedures



Closing the Gap Between Diagnosis & Therapy

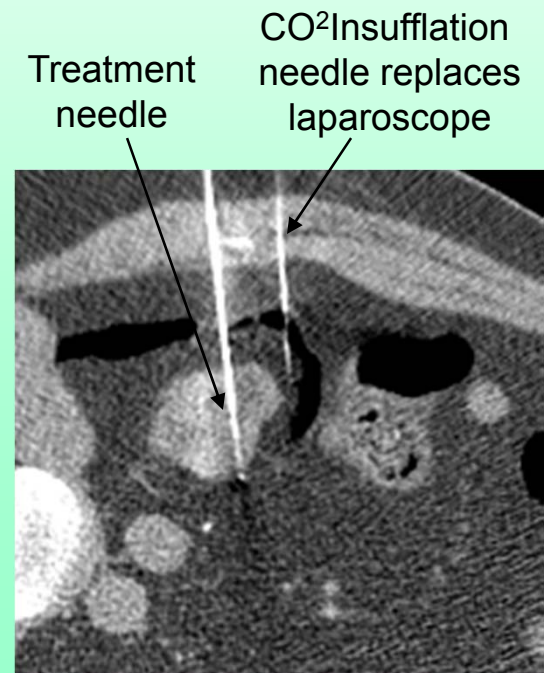
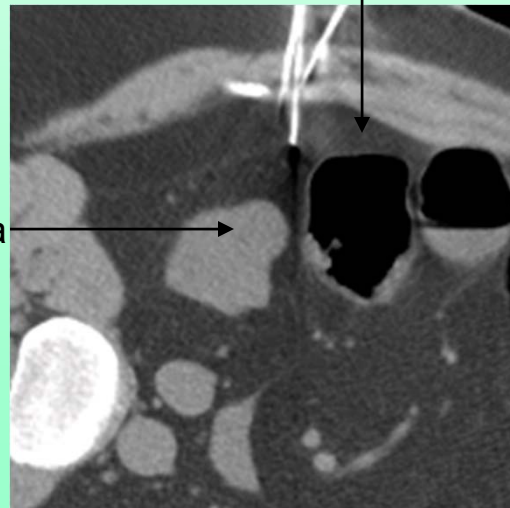


Minimally Invasive & Image Guided: Convergence of Devices & Imaging

Tumor Ablation
Uterine Fibroid Embolization
Stent Grafts
Brain Aneurysm Coiling
Vertebroplasty
Balloon Angioplasty
Venous Ablation
Carotid Stenting

Less Surgery

Renal Cell Carcinoma



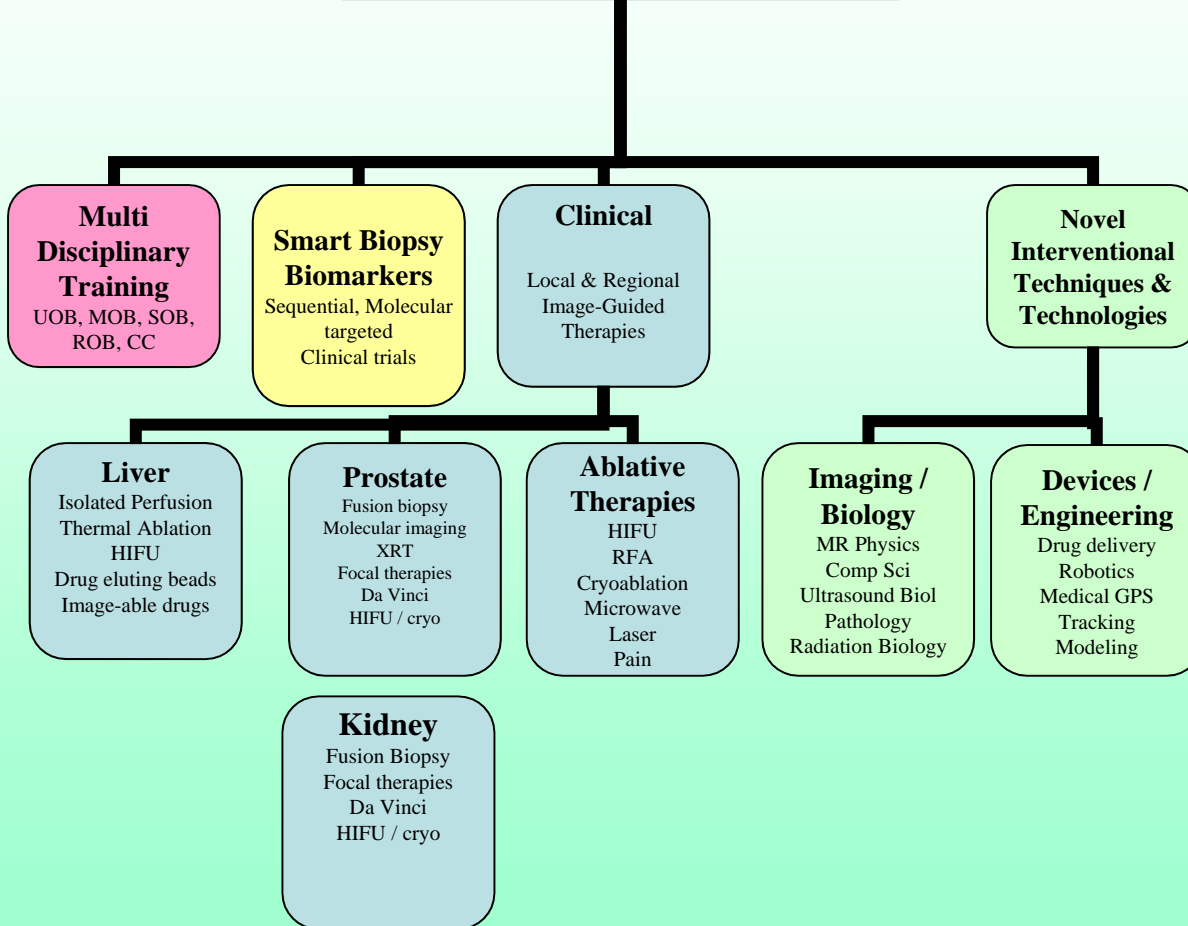
Center for Interventional Oncology

Mission

- Close gap between Diagnosis & Therapy
- Establish a collaborative environment to bring together multidisciplinary partners to help define minimally-invasive image-guided methods for tx of locally-dominant cancer



Center for Interventional Oncology





Collaborative Network: Interdisciplinary Inter-agency Translational International

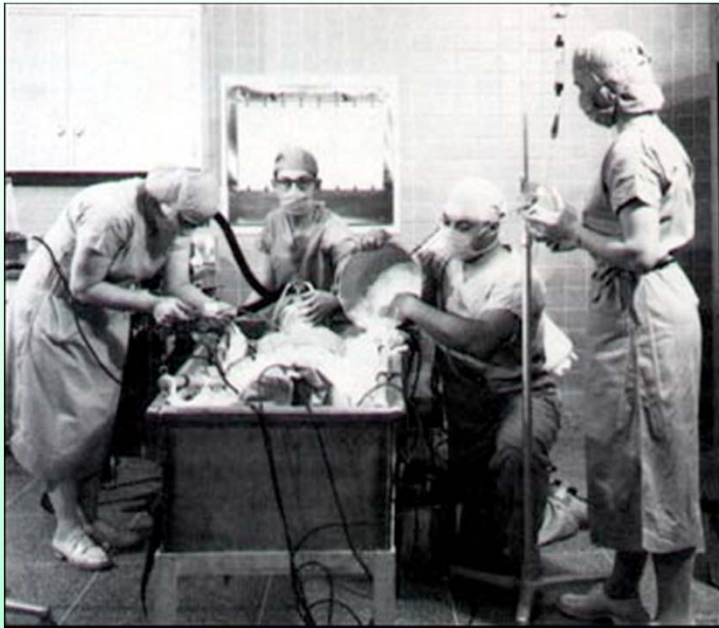
Industry / Extramural Academic / Government



<http://www.cc.nih.gov/centerio/index.html>

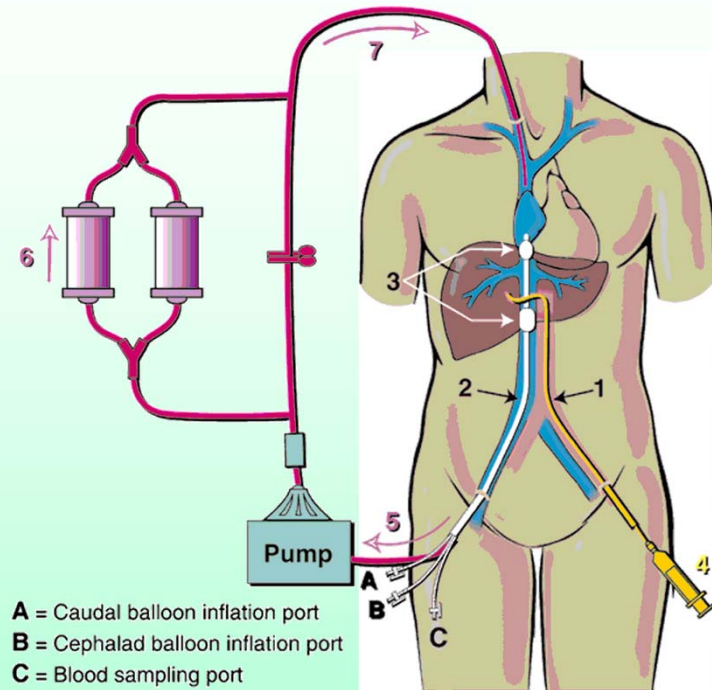
1955 NIH:

Open Heart Surgery
w/ Extra-Corporal Circuit

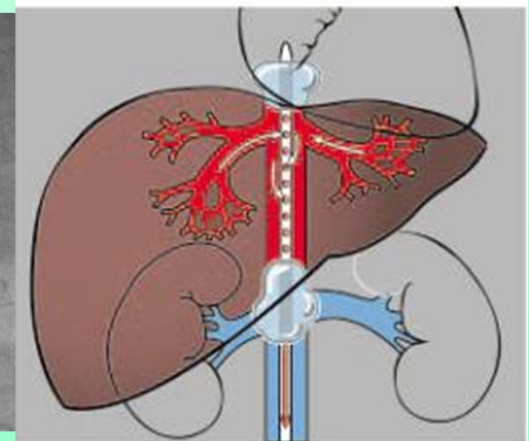
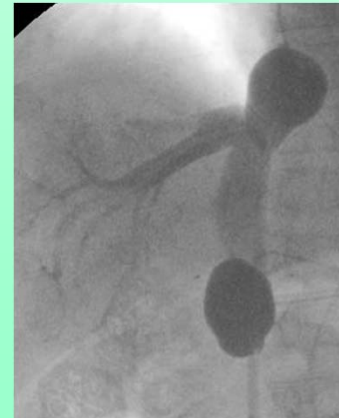
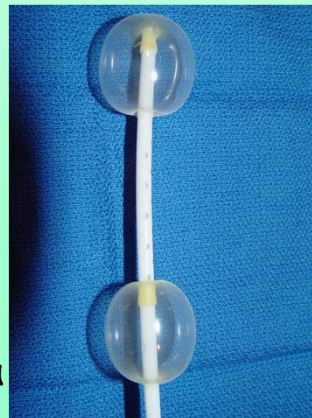


2009 NIH:

Percutaneous Liver Perfusion



~300 PHP's in 120 pts
80% response rates for
neuroendocrine & ocular melanoma



Imaging and Multi-modality Navigation in Interventional Oncology

Overview

- “Molecular Interventions”:
 - Drug + Device + Image
- Multi-modality Interventions:
 - Medical GPS during procedures
- Operating Room of Future:
 - Navigation & Robots
 - Personalized Local & Regional Oncology
 - Image-Guided Drug Painting:
 - RFA + heat-deployed liposomal drug
 - Image-able drug eluting bead + RFA
 - HIFU + heat-deployed liposomal contrast + drug



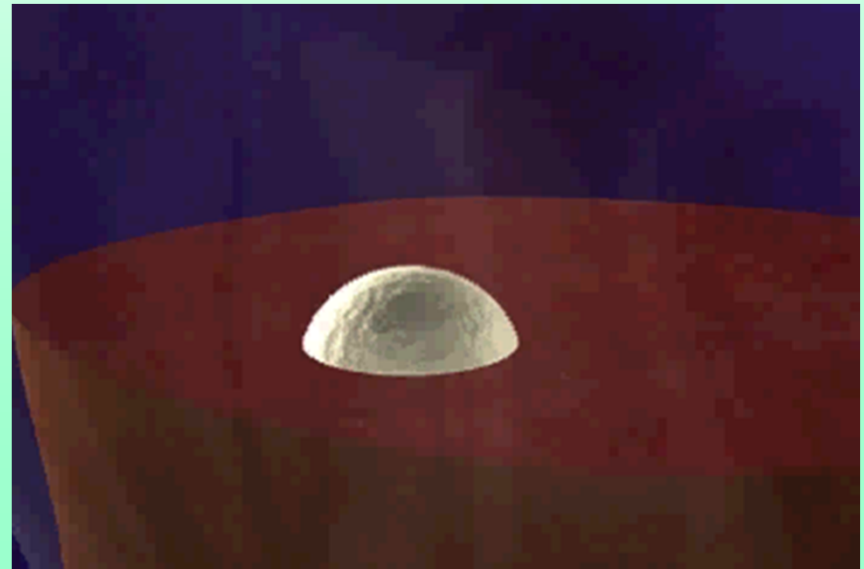
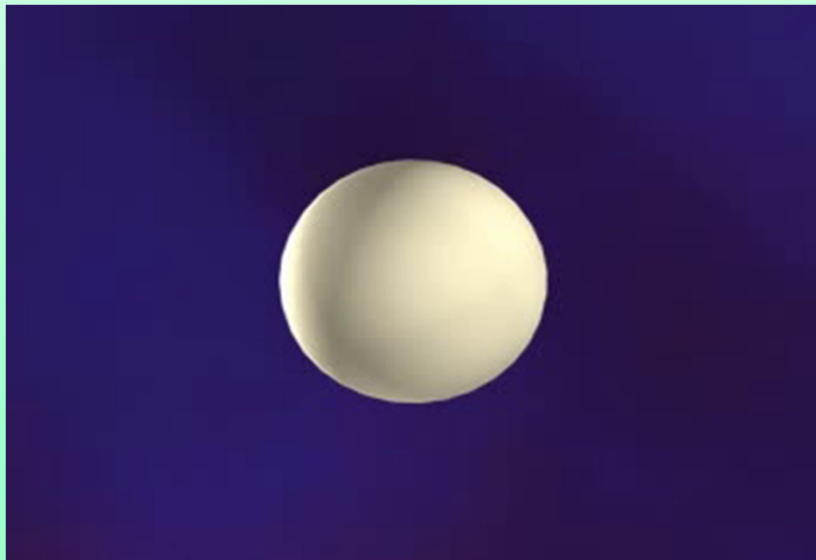
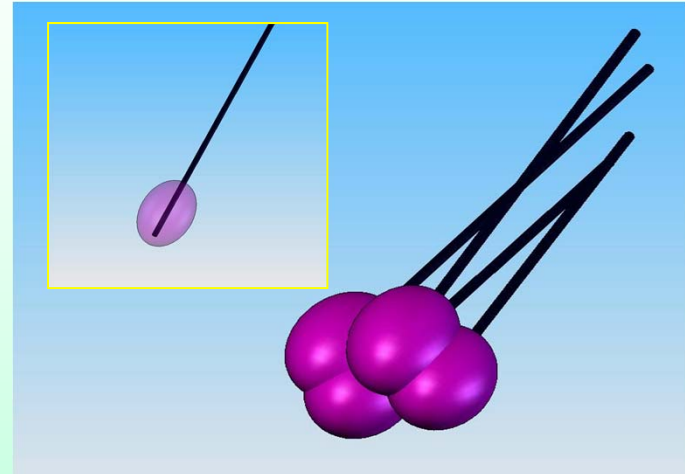
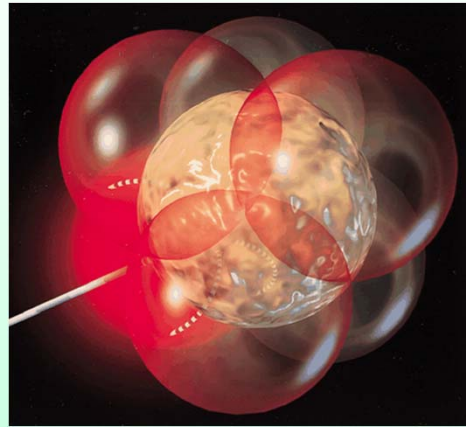
Early 20th Century
Stereotactic Frame



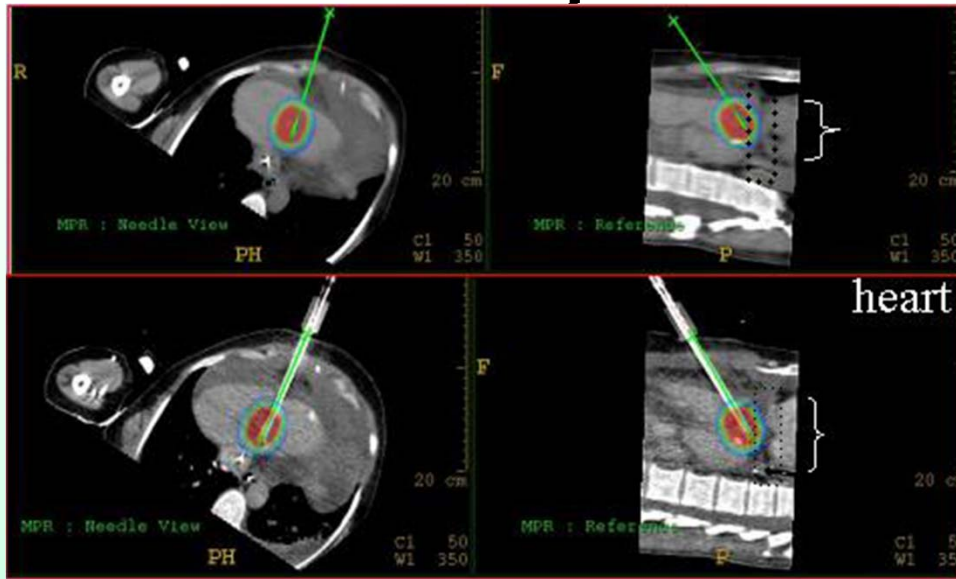
2009 NIH:
Medical GPS devices,
Fusion-guided procedures,
Image-guided robotics



Needle Ablation Complex Geometries: Outcomes Depend Upon Accuracy

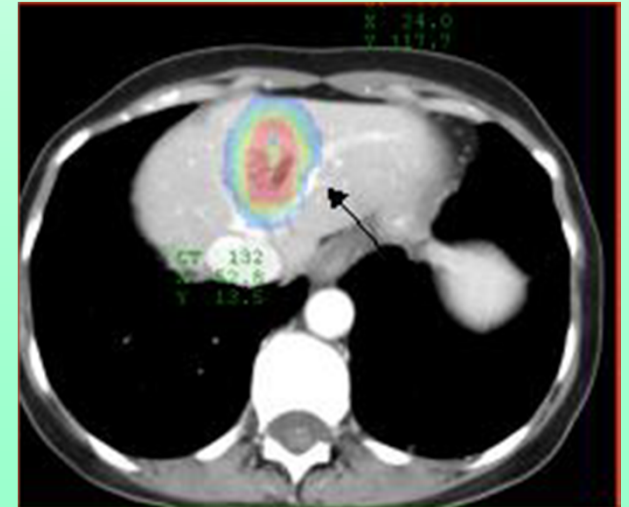
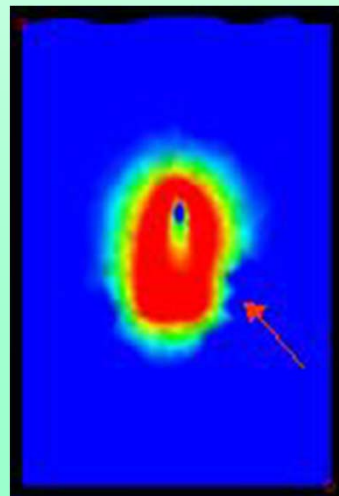


Patient-Specific Treatment Plans

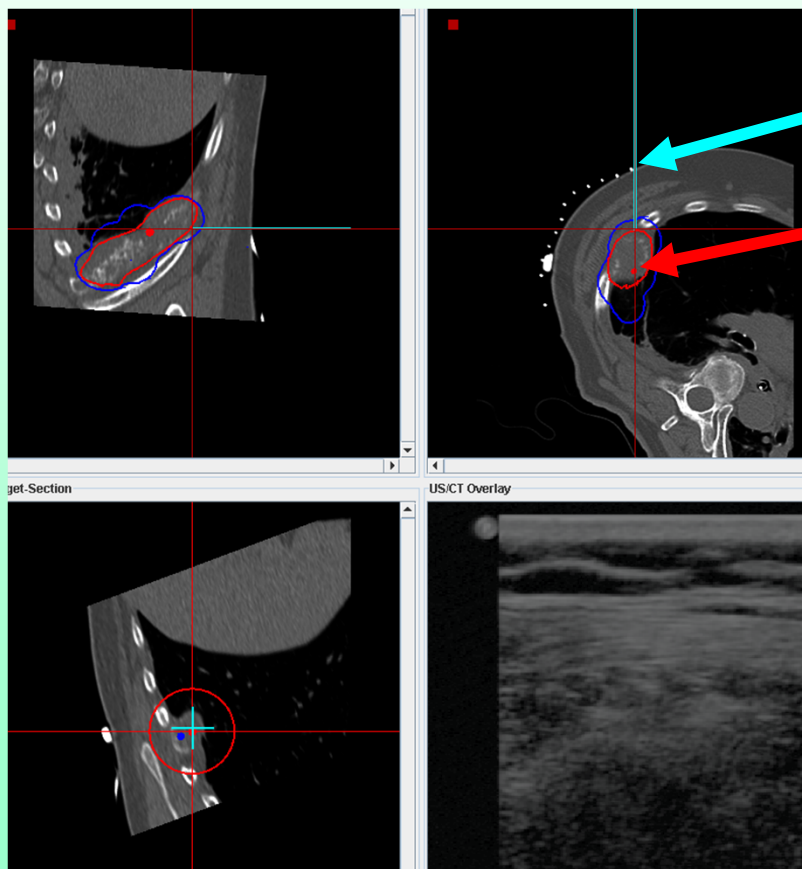


Risk to Adjacent Anatomy (Heart)

Risk of Heat Sink

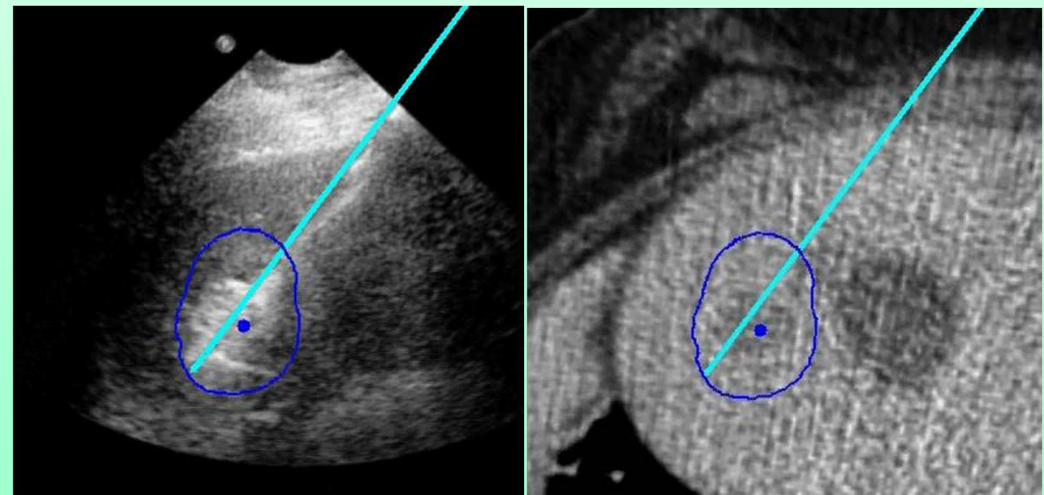


- Automated RFA planning tool integrated with navigation



Tracked
Needle

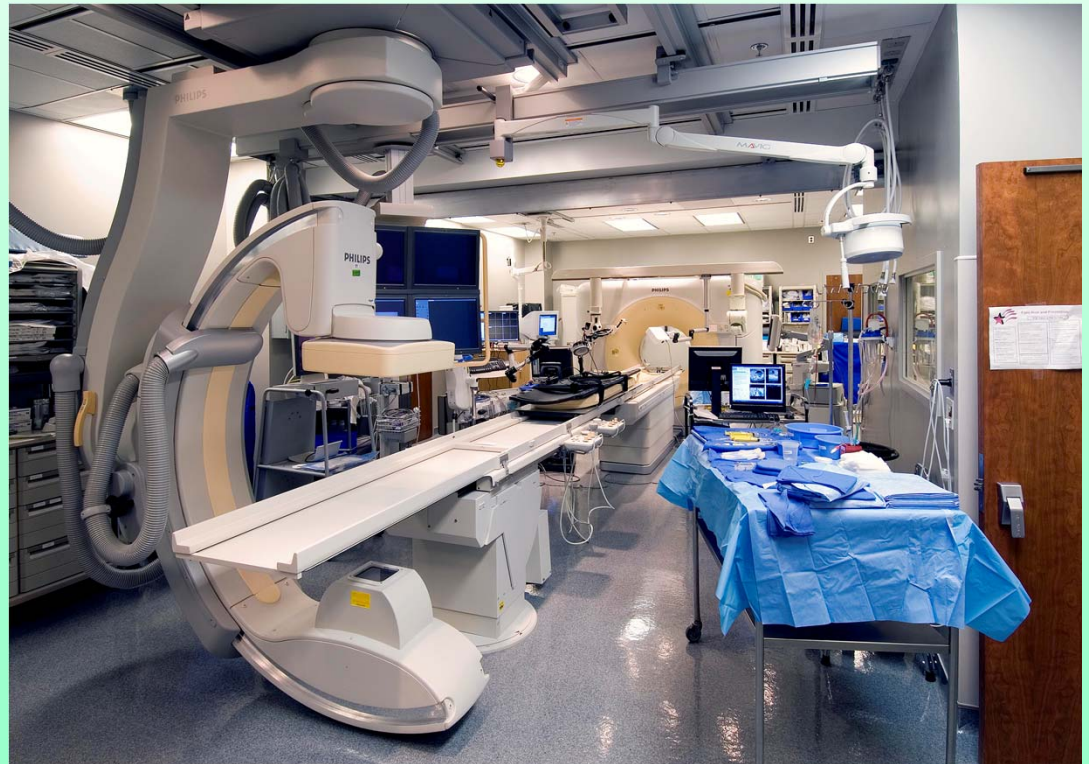
Selected Target



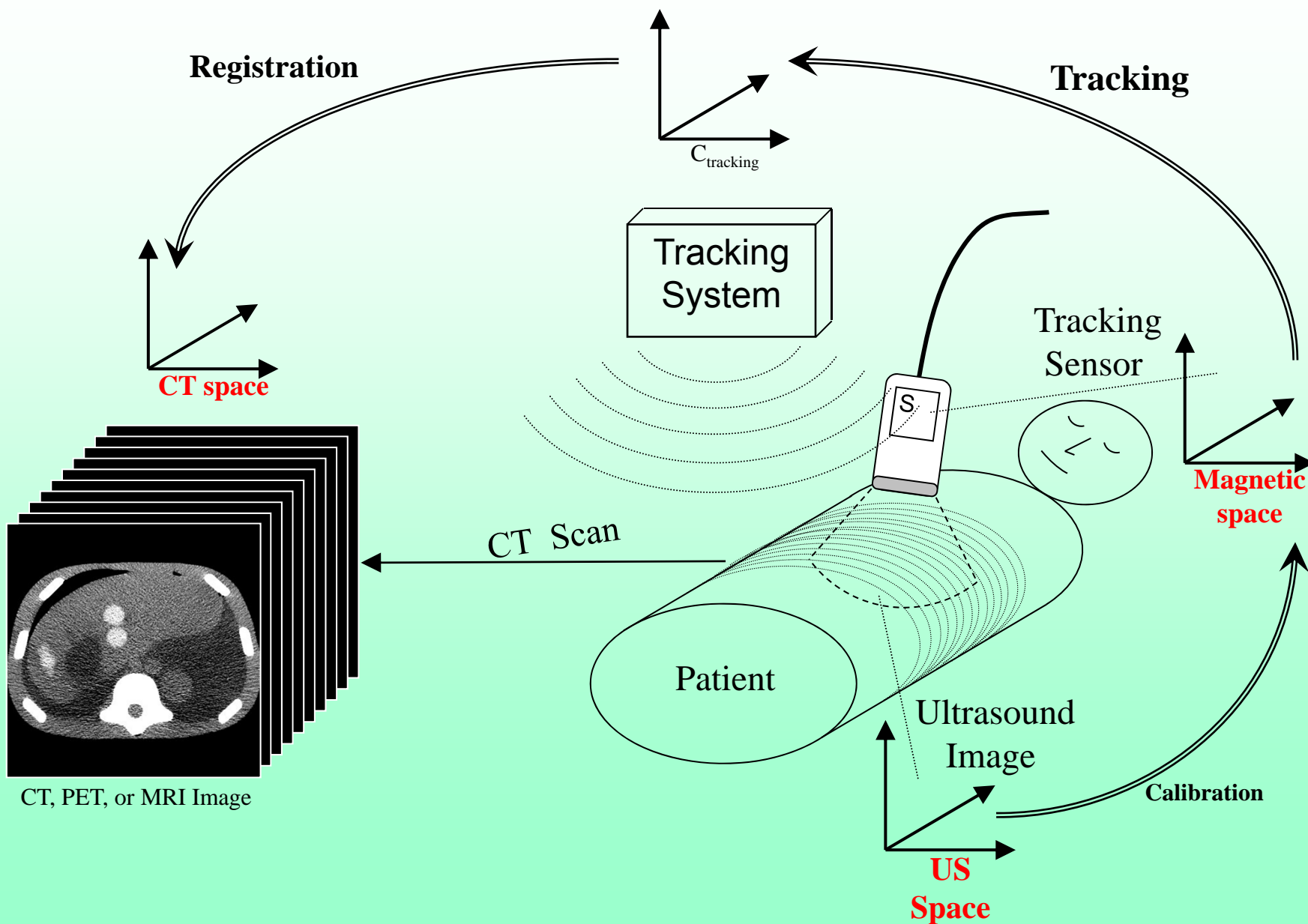
US and CT view, with planned composite ablation
and tracked needle overlay

O.R. of the Future

- Navigation
- Visualization
- Automation
- Real-Time Fusion

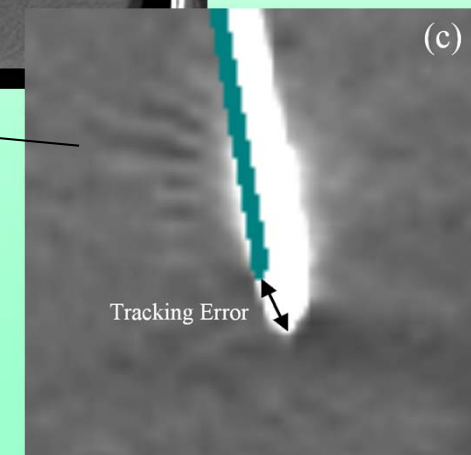
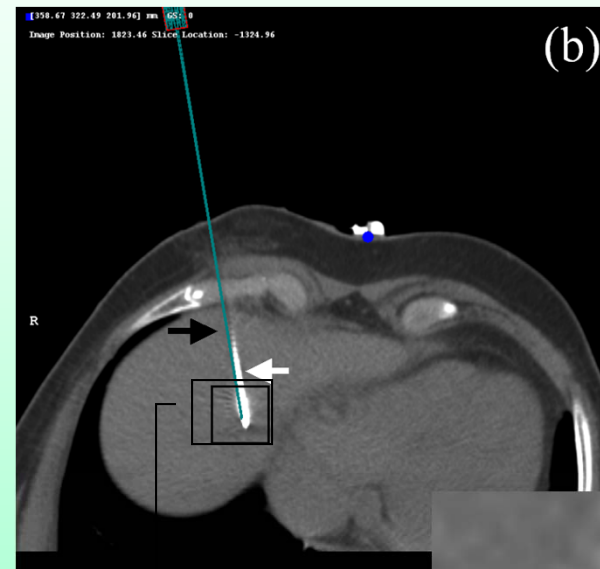
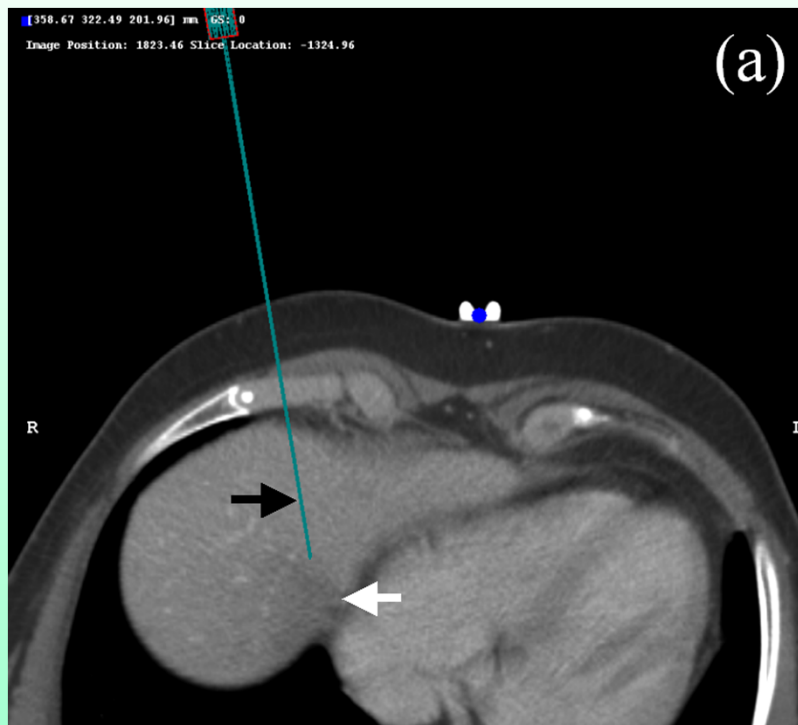


Medical GPS / Fusion IR



GPS-Tumor Ablation:

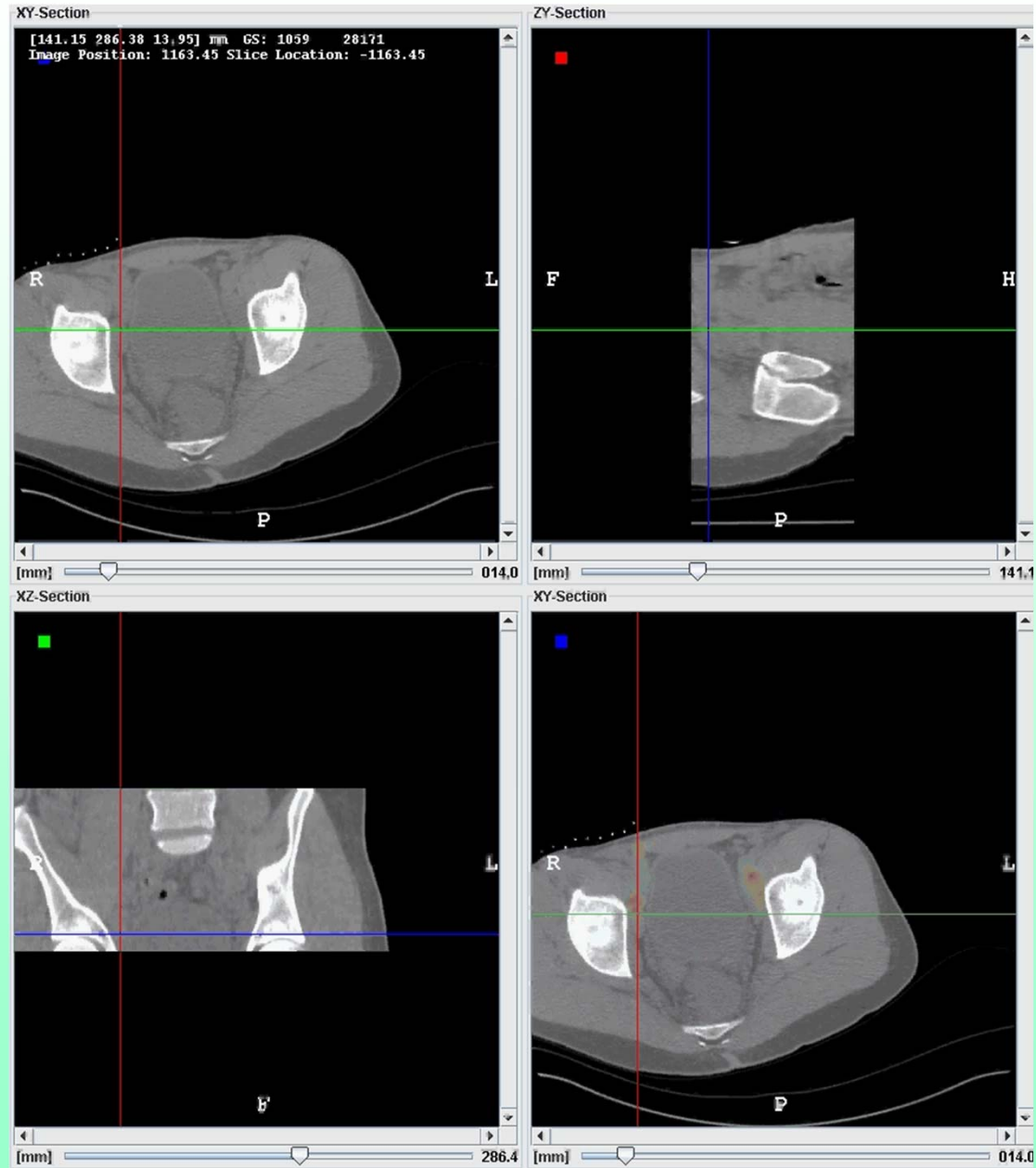
From Idea to Lab to Animal to Patient to
FDA approval to Market



Black = Virtual Needle
White = Clandestine Cancer

Accuracy, Error & benefit defined in >200 patient clinical trial

CT, US & PET guided fusion biopsy in patient with lymphoma

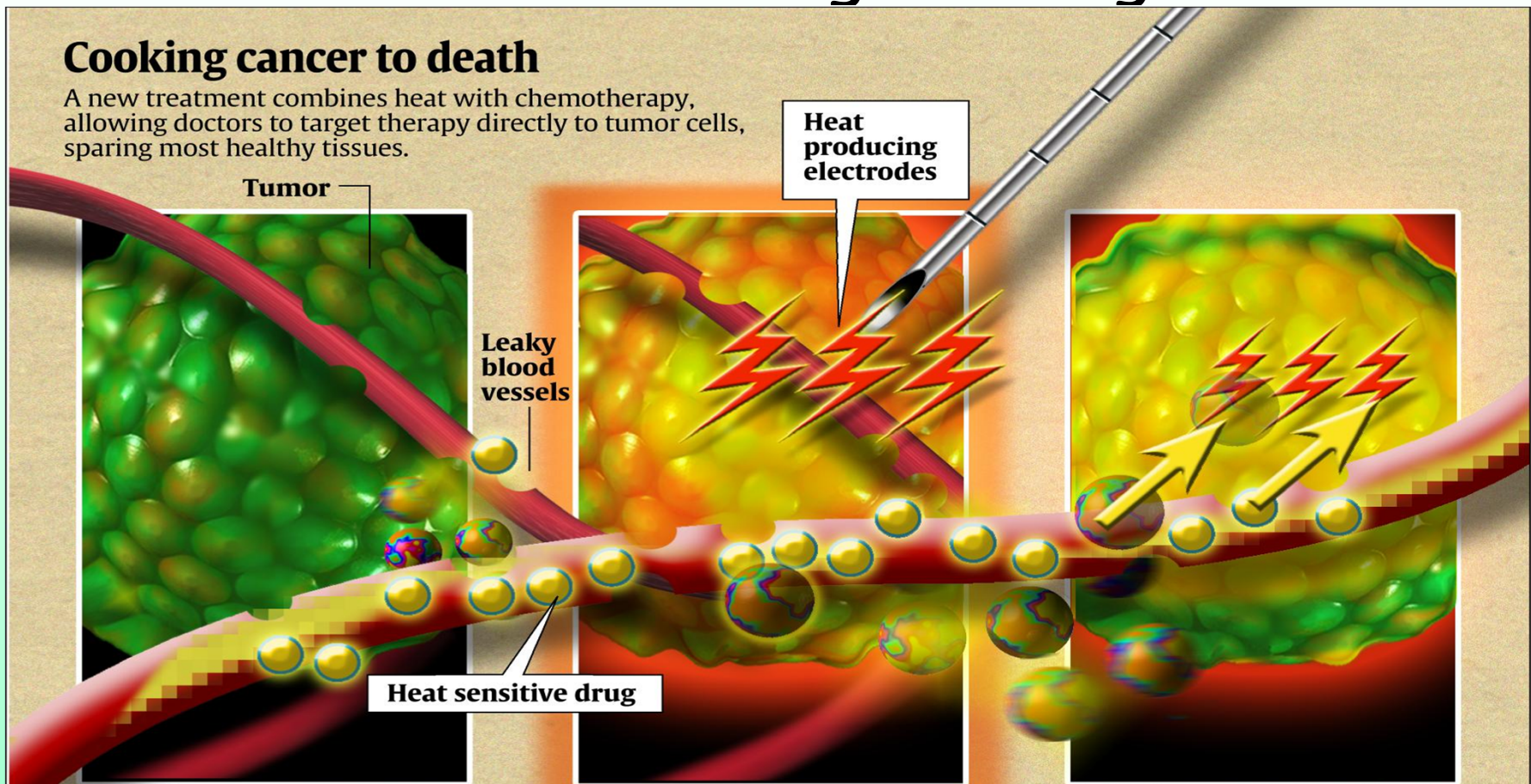


"Molecular Interventions"

Device + Image + Drug

Cooking cancer to death

A new treatment combines heat with chemotherapy, allowing doctors to target therapy directly to tumor cells, sparing most healthy tissues.



1 Doctors inject patients with tiny capsules filled with chemotherapy drugs. The drugs tend to concentrate in cancerous tissue because tumor blood vessels are leaky.

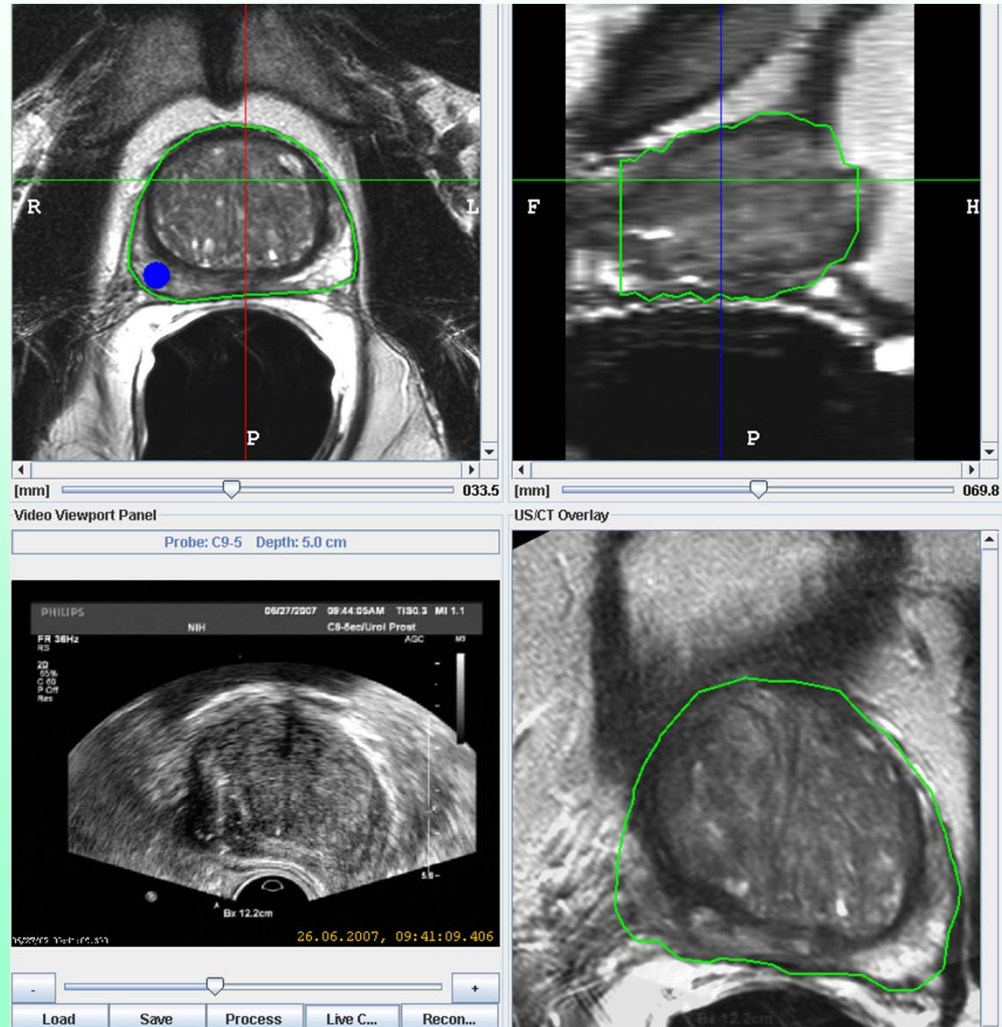
2 Doctors insert a needle that kills cancer cells by heating them. Some cells around the margins of the burn zone — which don't get as hot — may survive.

3 Drug capsules are designed to crack open and spill their contents only at temperatures between 102 and 107 degrees. Capsules release chemotherapy around the margins of the burn zones, killing cells that weren't cooked to death.

Prostate Interventions:

Idea to Design to Lab to Phantom to Animal to Patient

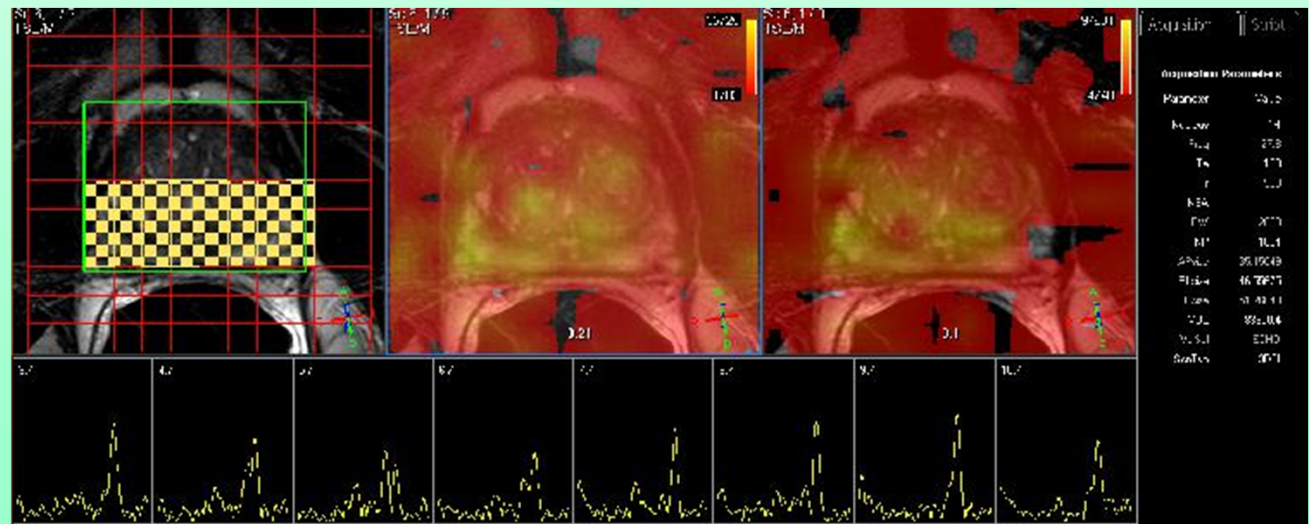
Sensor



Smart Needles use MRI Info outside of MRI:



No need for MRI during procedure



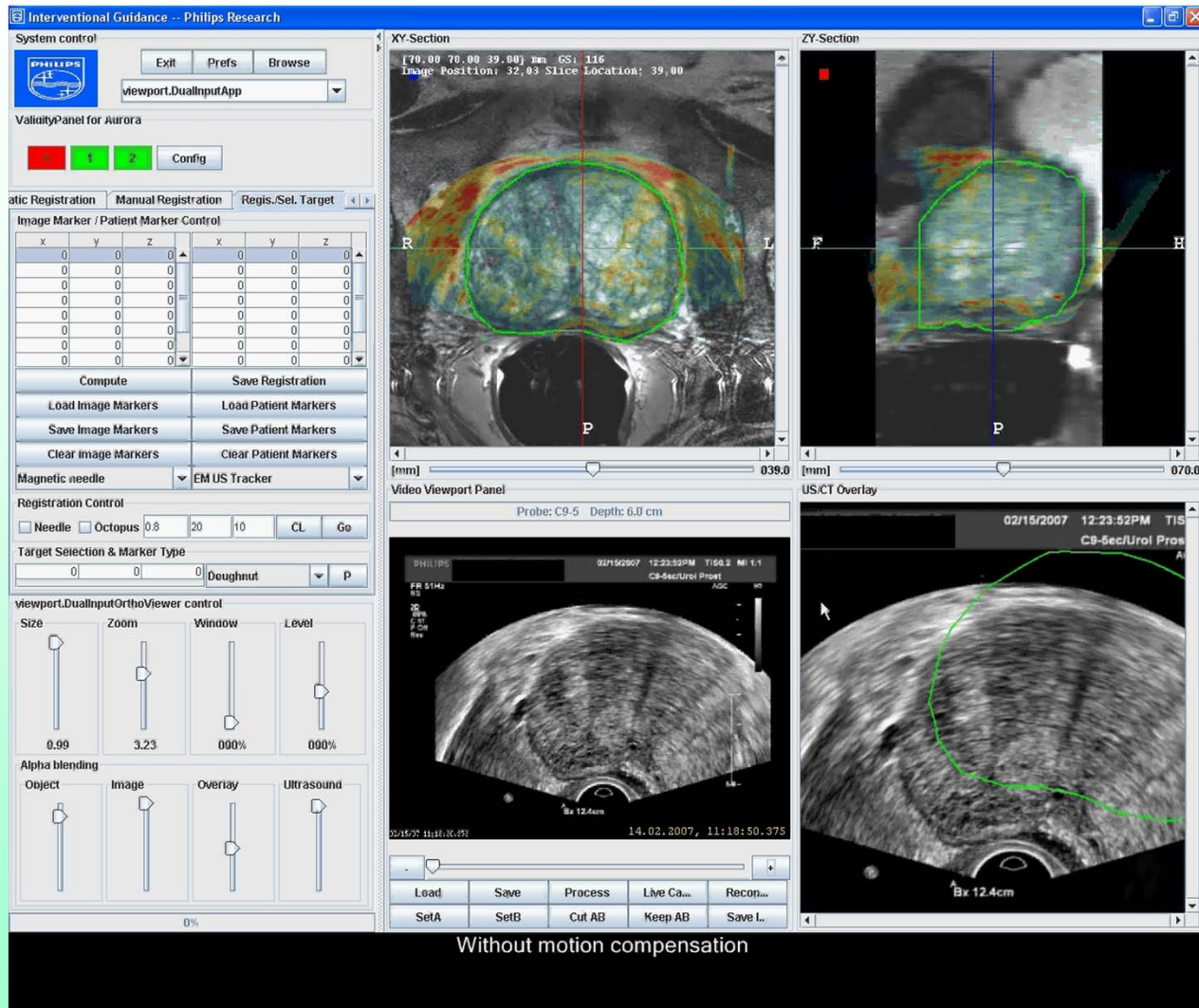
GPS Fusion Makes the Dx

The screenshot displays the Philips Aurora software interface for image fusion. The interface is divided into several panels:

- System control:** Includes the Philips logo, 'Exit', 'Prefs', and 'Browse' buttons, and a dropdown menu for 'viewport.DualInputApp'.
- ValidityPanel for Aurora:** Features a red 'C' button, a green 'I' button, and a 'Config' button.
- Automatic Registration / Manual Registration / Regis./Sel. Target:** A tabbed interface for registration control.
- Image Marker / Patient Marker Control:** A table for managing markers with columns for X, Y, and Z coordinates.
- Registration Control:** Includes checkboxes for 'Needle' and 'Octopus', and numerical input fields for '0.8', '20', and '10'.
- Target Selection & Marker Type:** A dropdown menu set to 'Doughnut' and a 'P' button.
- viewport.DualInputOrthoViewer control:** Sliders for 'Size' (1.00), 'Zoom' (3.96), 'Window' (009%), and 'Level' (-008%).
- Alpha blending:** Sliders for 'Object', 'Image', 'Overlay', and 'Ultrasound'.
- XY-Section:** A cross-sectional MRI image with a color-coded overlay and a green contour. Text at the top reads: '[70.00 64.50 34.50] mm GS: 52 Image Position: 70 94 Slice Location: 34 50'. The image is labeled with 'R', 'L', and 'P'.
- ZY-Section:** A cross-sectional MRI image with a color-coded overlay and a green contour. The image is labeled with 'F', 'H', and 'P'.
- Video Viewport Panel:** Shows 'Probe: C9-5 Depth: 5.0 cm' and a live ultrasound image with a green contour and a blue marker. Text at the bottom reads: '26.06.2007, 09:40:37.843'.
- US/CT Overlay:** Shows the ultrasound image overlaid with a CT scan. Text at the top right reads: '06/27/2007 09:43:33AM TI C9-5ec/Urol Pro'. The image is labeled with 'NIH' and 'Bx 12.2cm'.

At the bottom of the interface, there are buttons for 'Load', 'Save', 'Process', 'Live C...', 'Recon...', 'SetA', 'SetB', 'Cut AB', 'Keep AB', and 'Save L...'.

Automated Motion Correction

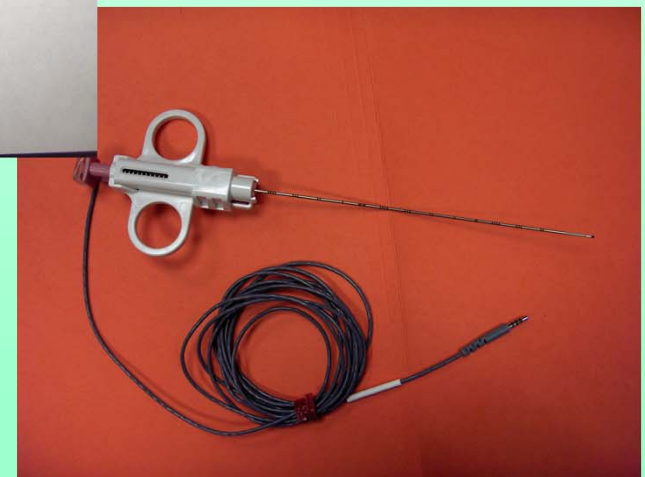
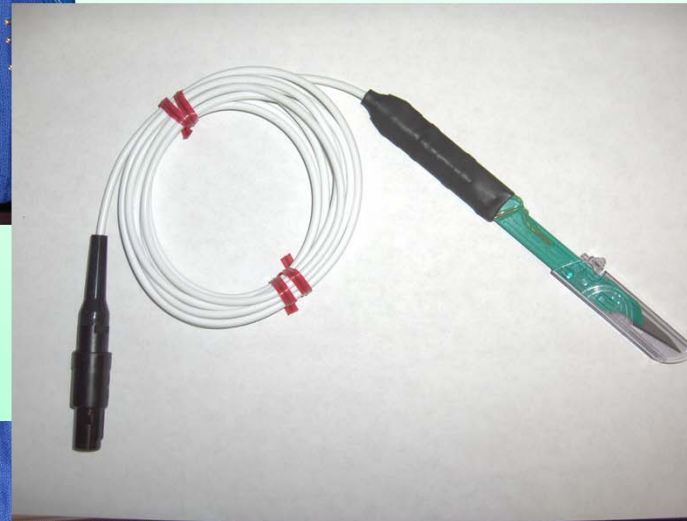
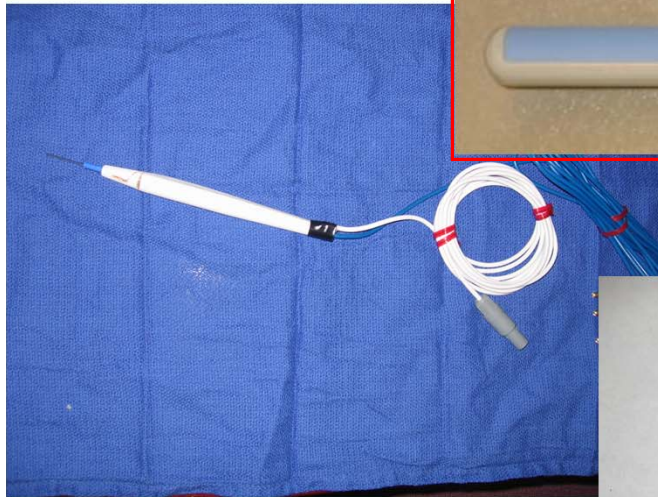


3.1 mm error

>140 patient
trial

83% pts w high suspicion MR had positive fusion bx
Aggressiveness correlated with imaging

Smart Surgical Equipment



Multi-Modality Surgery



TRAXTAL PERCUNAV™
MR/PET/CT with Ultrasound

Live Freeze

Probe Not Selected.
DRF
US

Offset: 0.0 mm Roll: 0.0 deg
Layout

Target:
Add Delete
L kidney
Hide

Blend:

Gate
Flip

Start

10-22-2009 12:23:35

US Overlay Philips Healthcare TIS 0.3 12.2
US Drag: 27 mm no XRES No SonoCT
C 109 W361 Depth: 7.0

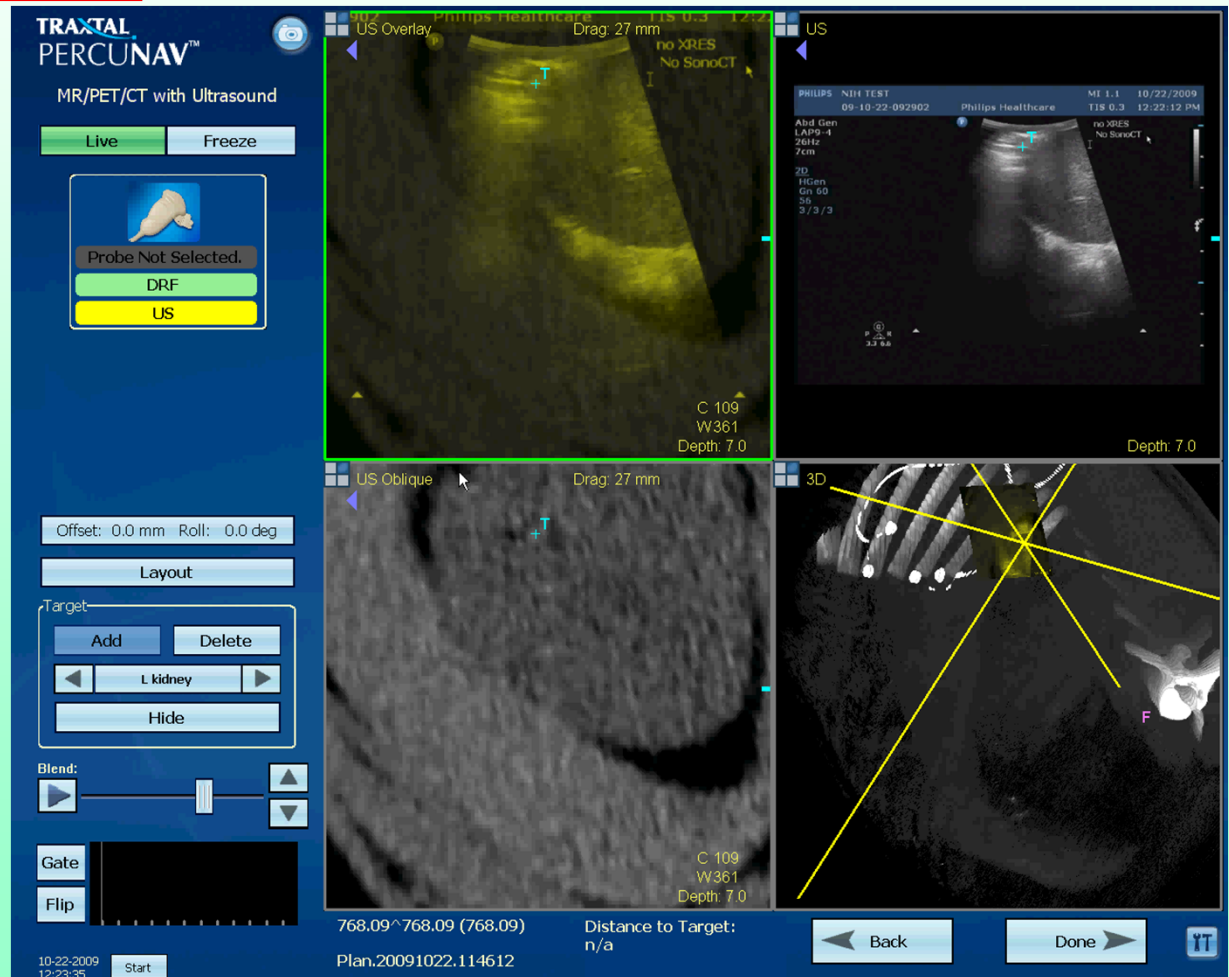
PHILIPS NIH TEST Philips Healthcare MI 1.1 10/22/2009
09-10-22-092902 TIS 0.3 12:22:12 PM
Abd Gen LAMP-4 no XRES No SonoCT
26Hz 7cm
2D
18Gen Gs 60 35 3/3/3
p 2.8 3.7 5.8
Depth: 7.0

US Oblique Drag: 27 mm
C 109 W361 Depth: 7.0

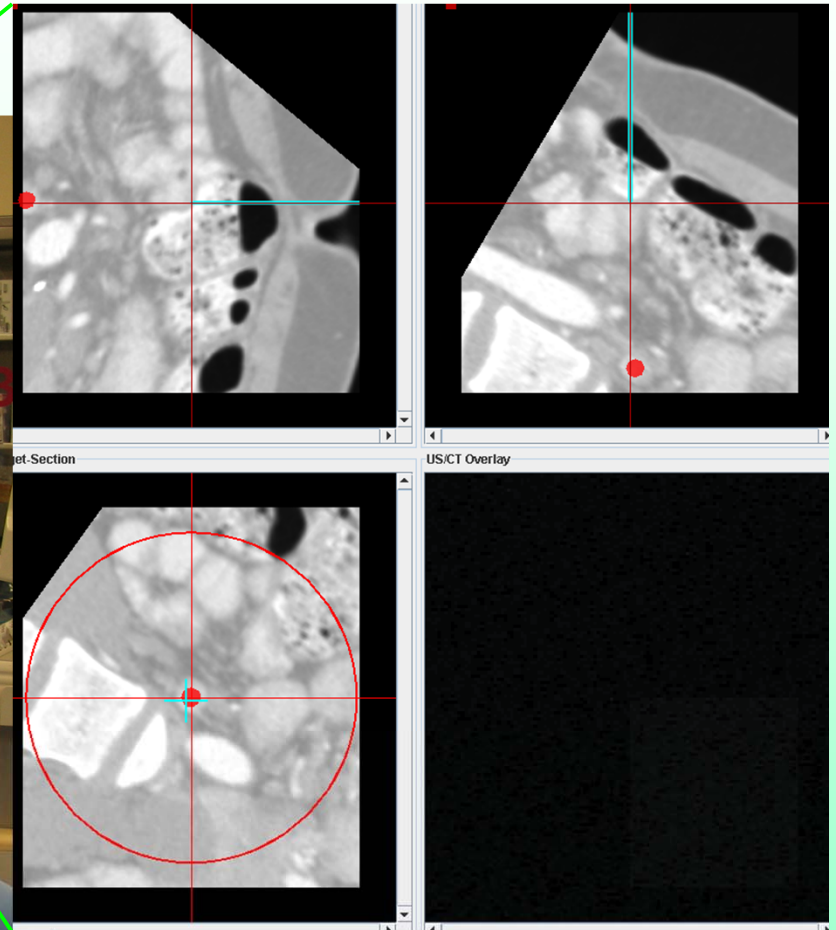
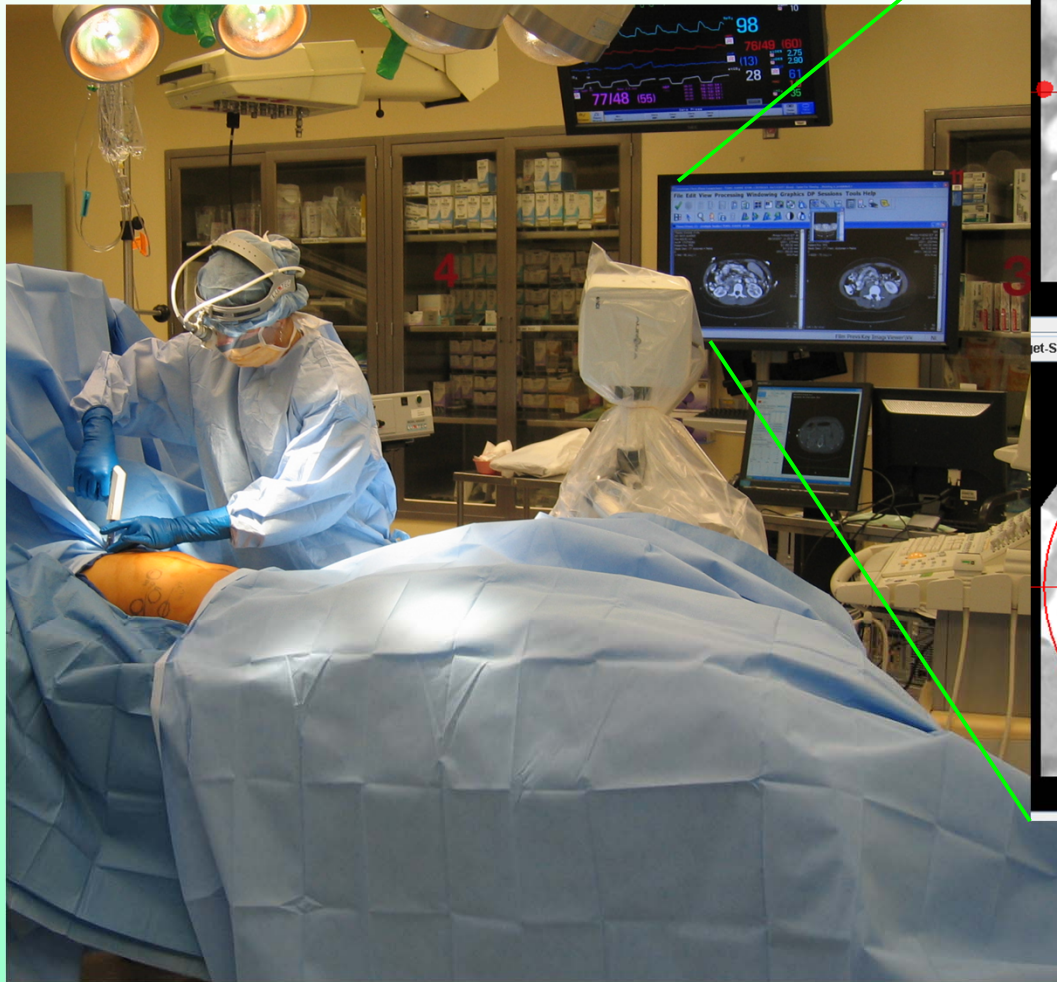
3D
Distance to Target: n/a

768.09^768.09 (768.09)
Plan.20091022.114612

Back Done IT

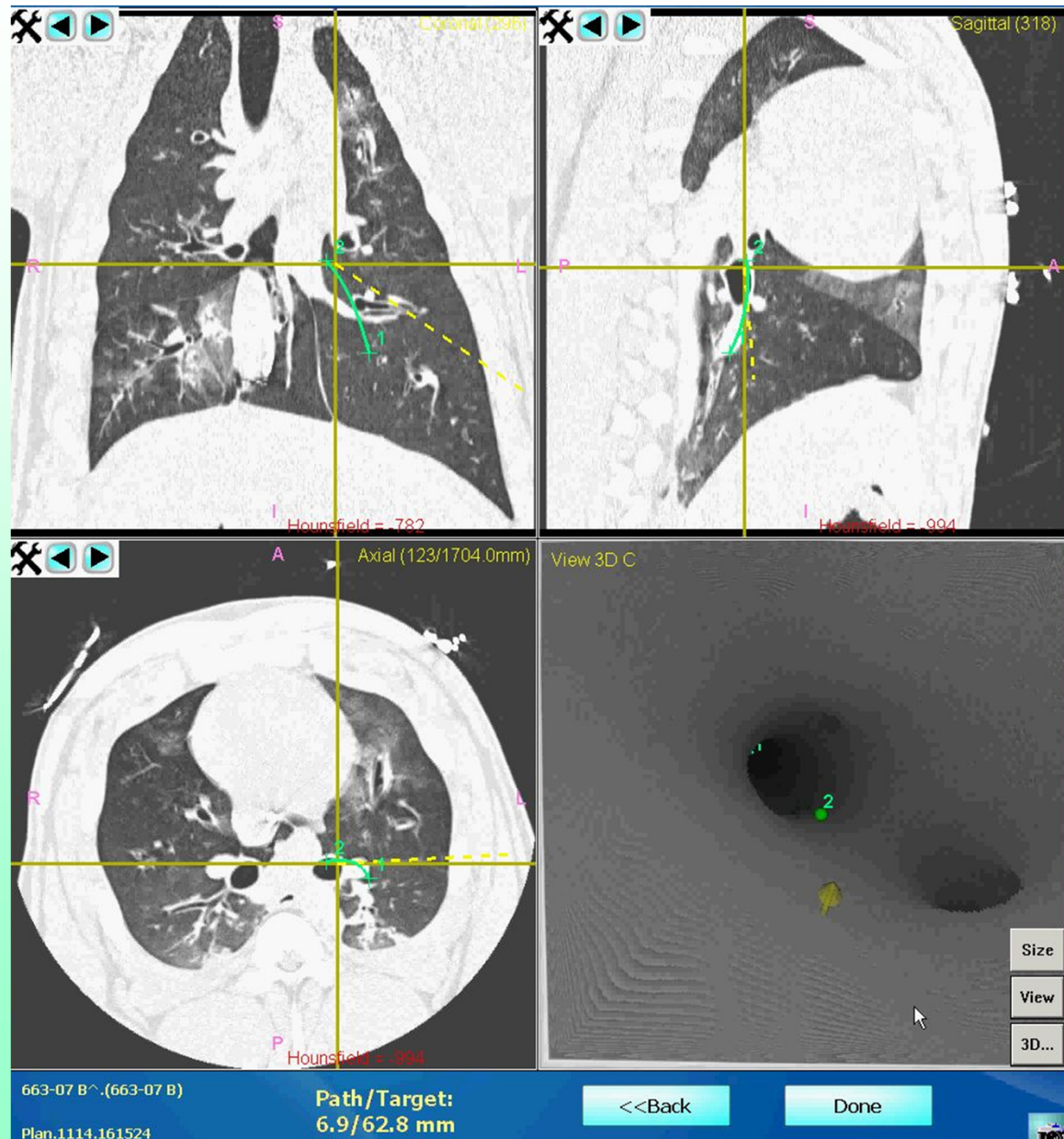


Smart Surgery



1. Tumor localization
2. Faster resection

Steerable Bronchoscopy Catheter



Tracked Stent Grafts for Aortic Aneurysm Repair

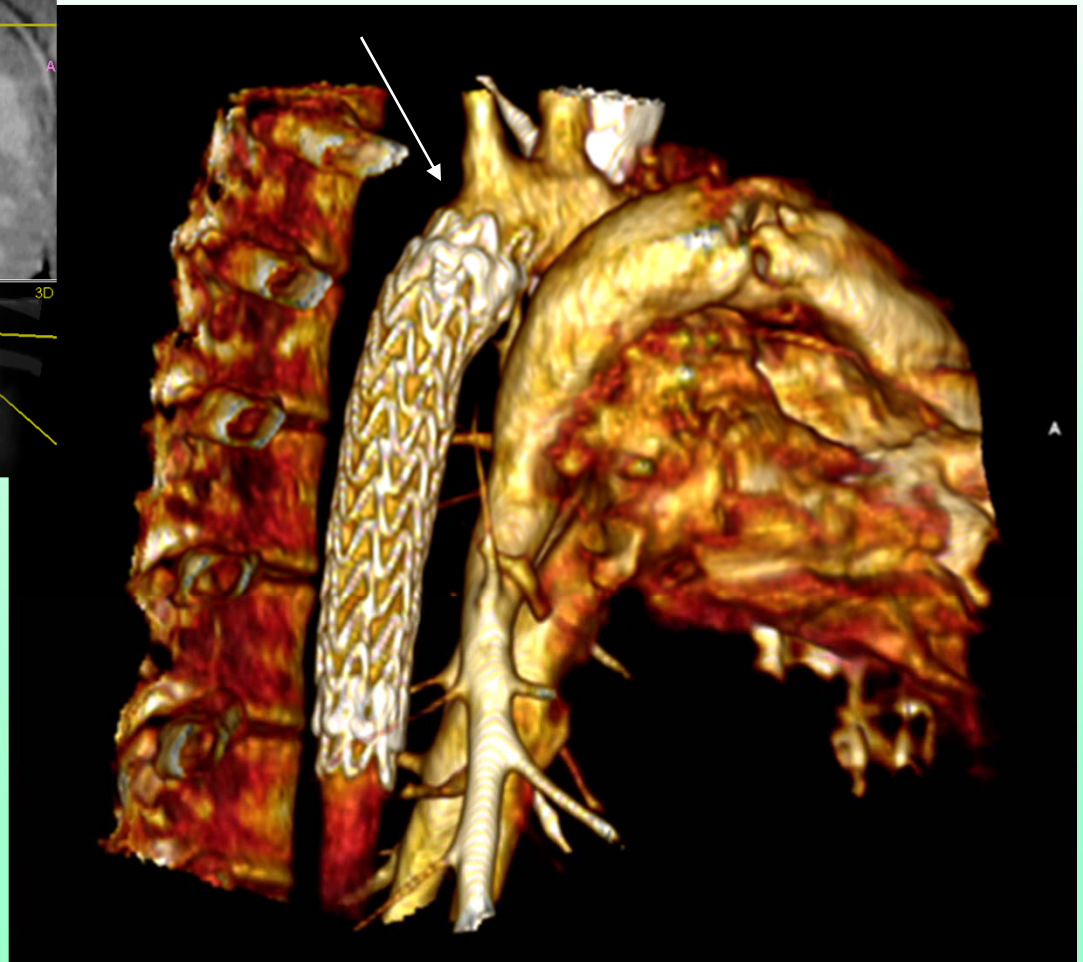
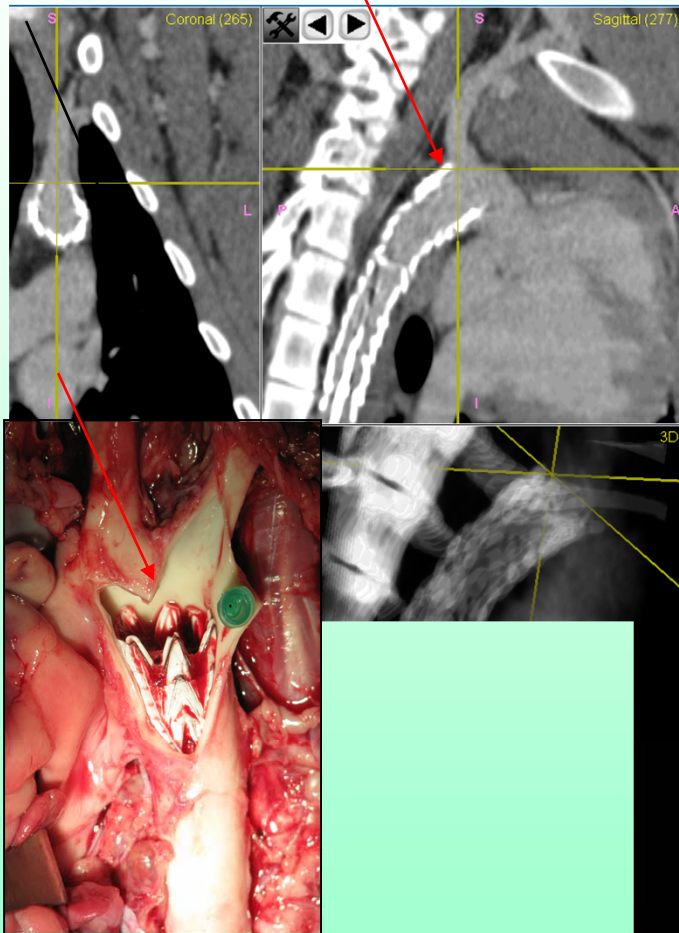
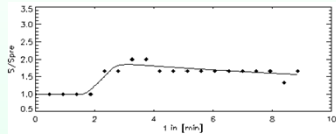


Image to Tissue Correlation for Personalized Oncology & Drug Discovery

Imaging



H200 Pos: 0 ROI-Nr: 1
A = 0.919 k_{av} = 4.625 k_{sp} = 0.075 t_{av} = 1.550 min (TWO_KOMP_MODEL)
 S_{av} = 3.00000 $S(3.132)$ = 5.54609 S_{max} = 4.75000

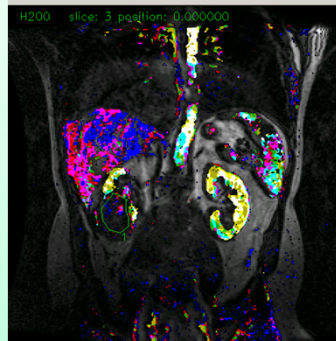
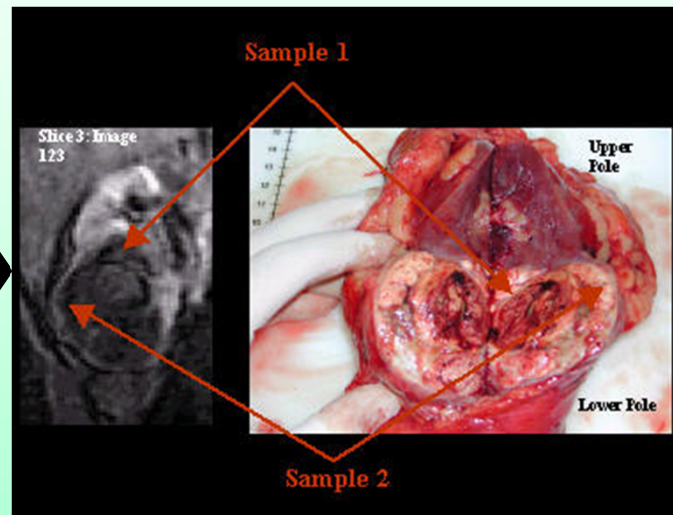


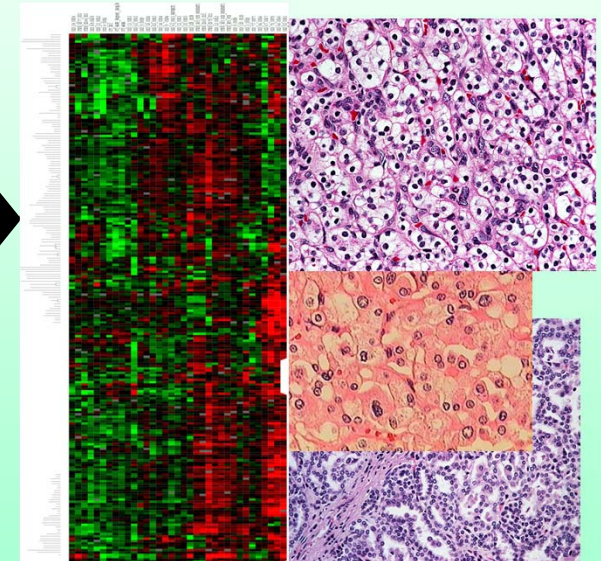
Image registration

Sample collection



Biomarker

Gene
Protein

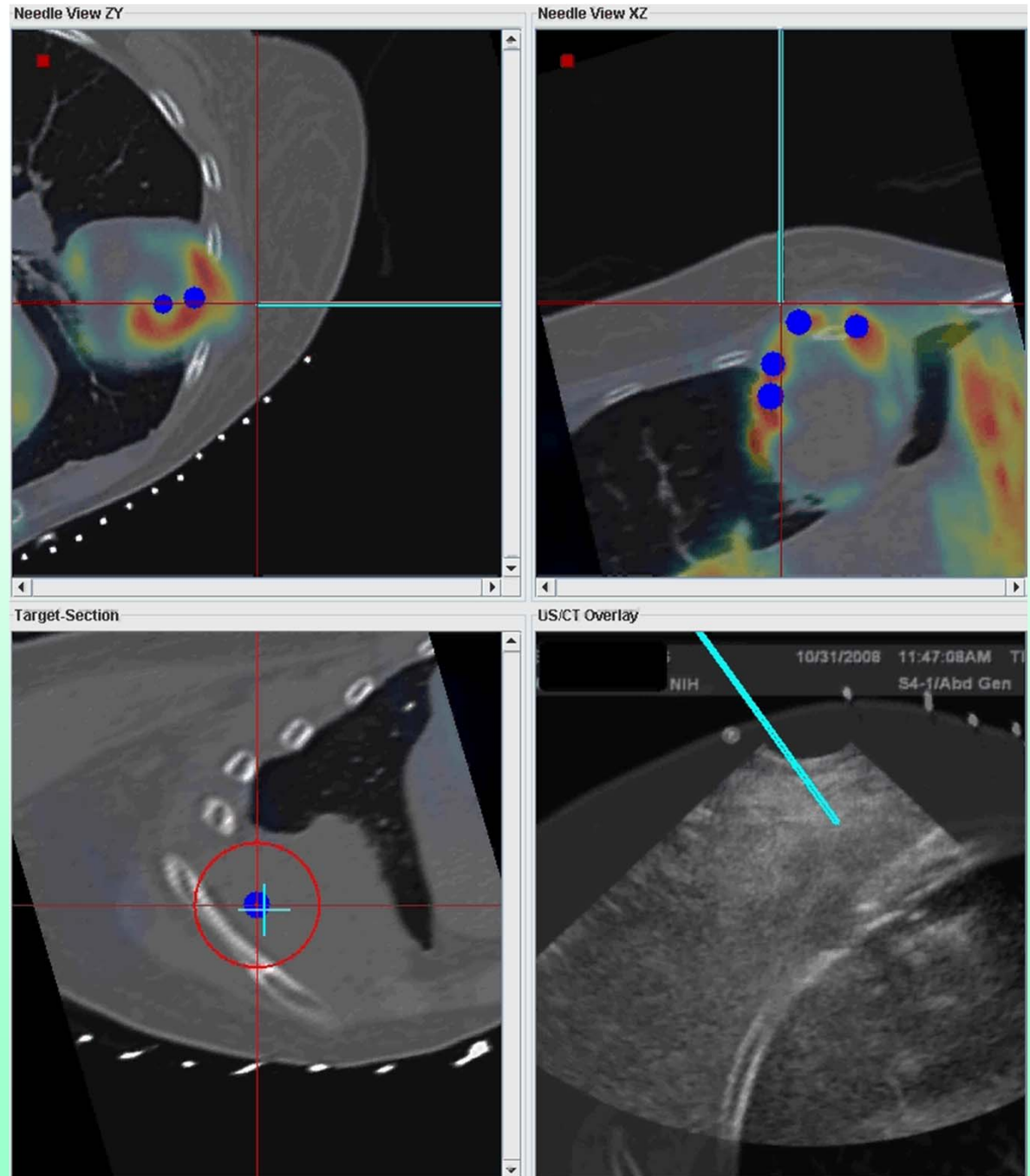


prognosis
response
sensitivity
resistance
metabolism

Image to Tissue Correlation for Personalized Oncology & Drug Discovery

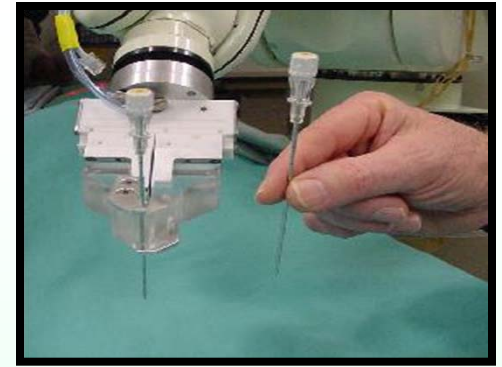
- Biomarkers
 - Identify target
 - Verify delivery
 - Predict response
 - Toxicity
 - Prognosis
- Individualize tx / Pt-specific cocktails
 - Timing
 - Sensitivity
 - Resistance
- Drug Discovery
 - Target
 - Efficacy

PET Guided Interventions



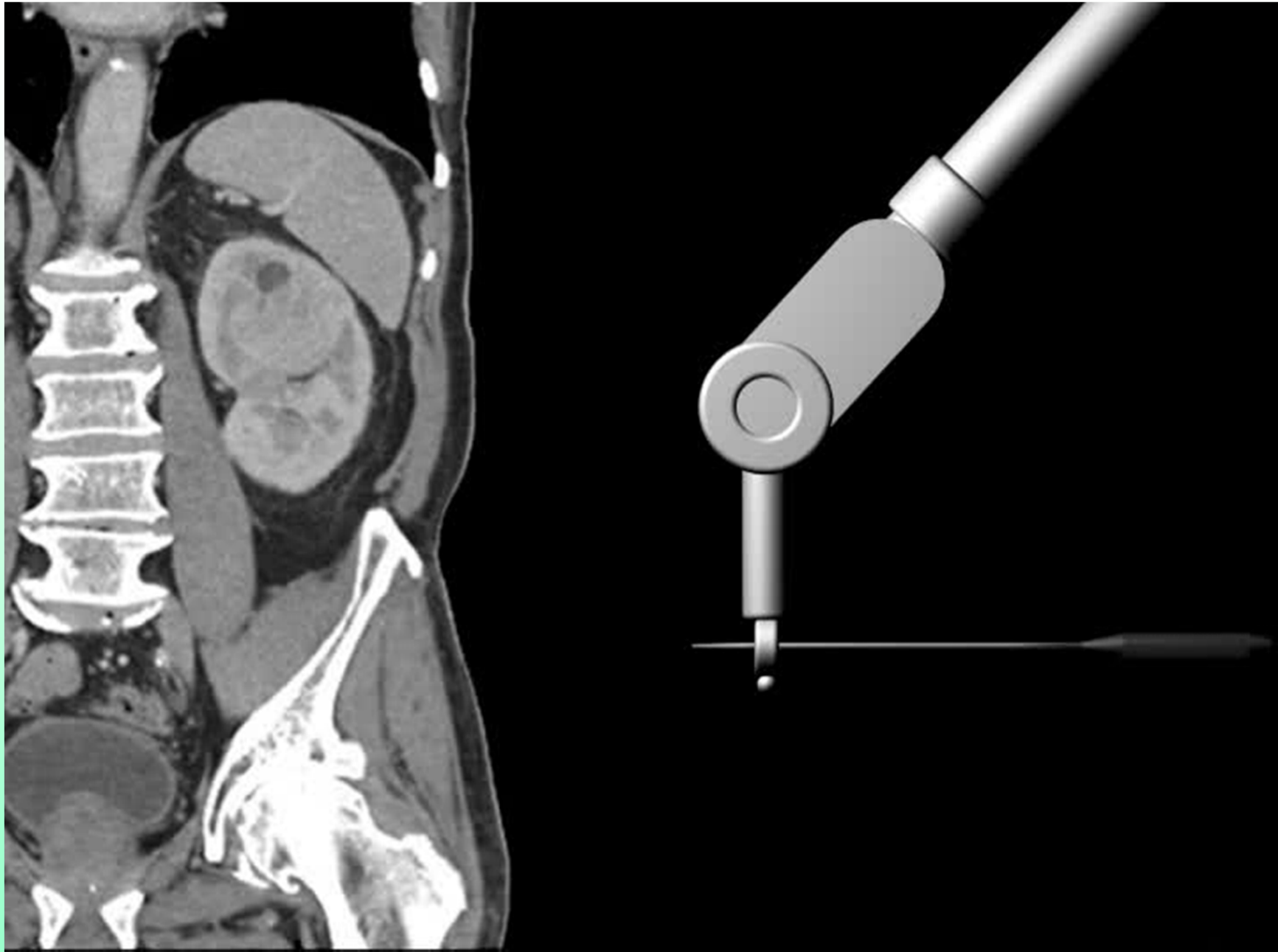


Robots in IR



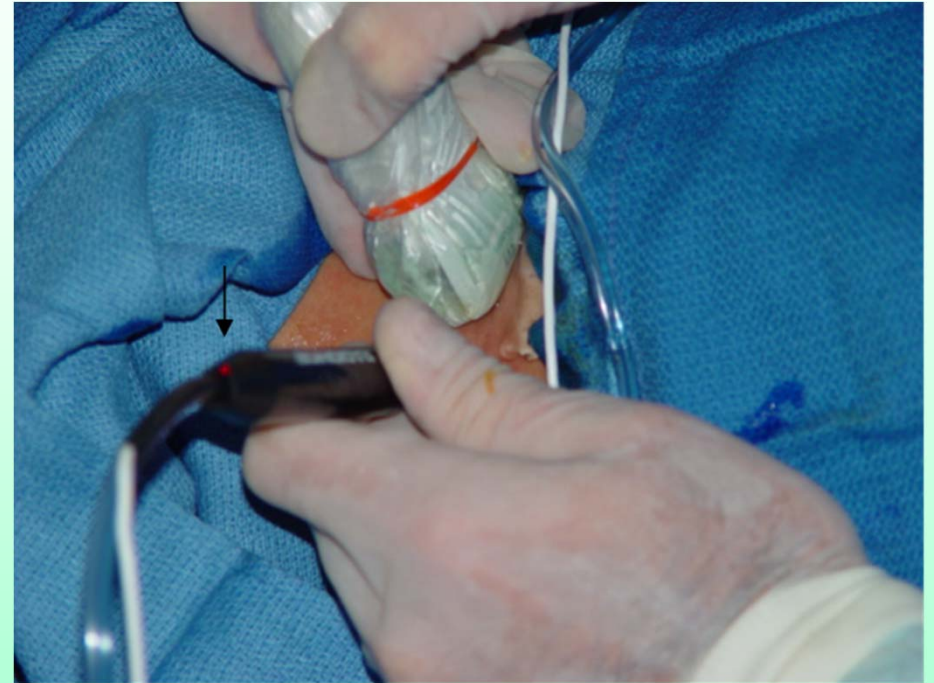
- Accuracy
- Less radiation
- Fast, Cost-effective
- Efficient
- Fewer needle attempts
- Tx planning
- Consistency

= Better
Outcomes



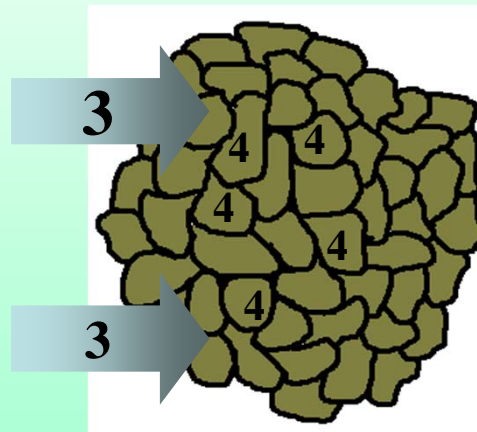
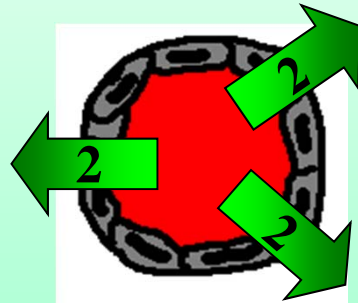
Bill Charboneau, Mayo

Integration of Robotics & CT-guided Ablation

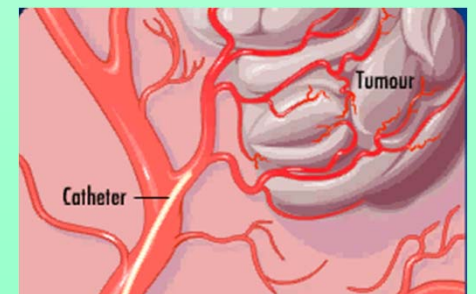
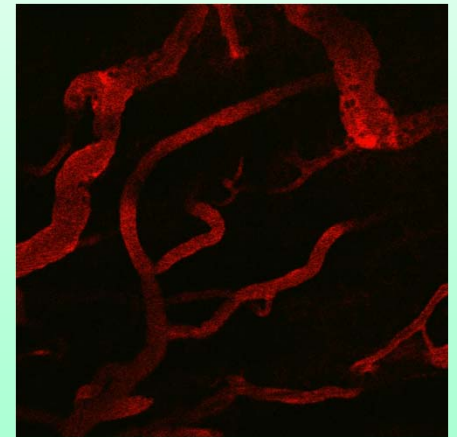


Drug Delivery Barriers

- 1) IV vs IA
- 2) Vessel wall
- 3) Interstitium
- 4) Cell membrane & staying in cell (nucleus)

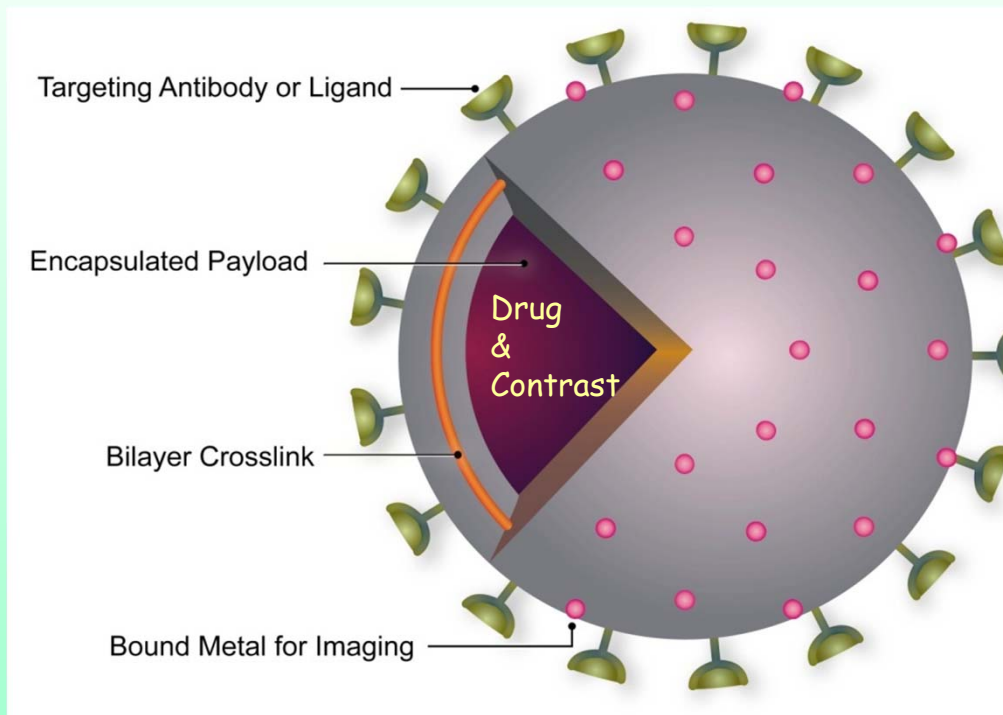


Blood vessels
3.3 kDa Dextran

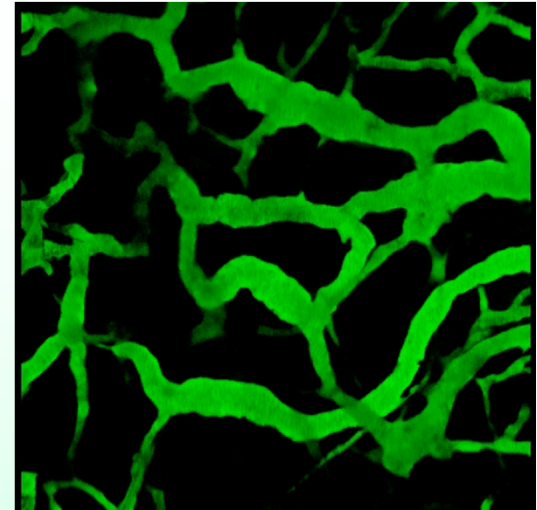


Molecular Interventions:

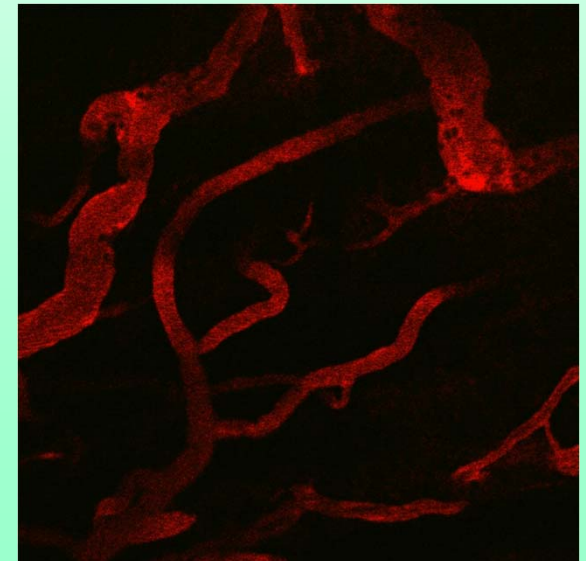
targeted drug designed for device



50-100 nm

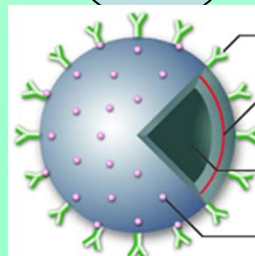
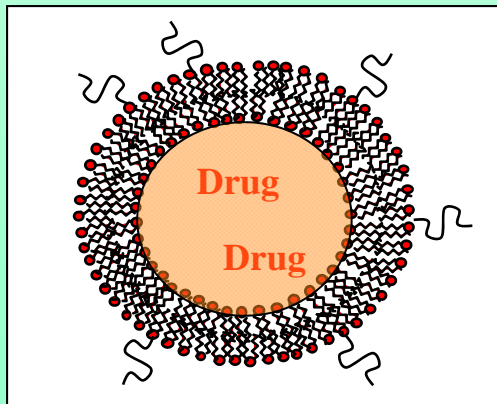
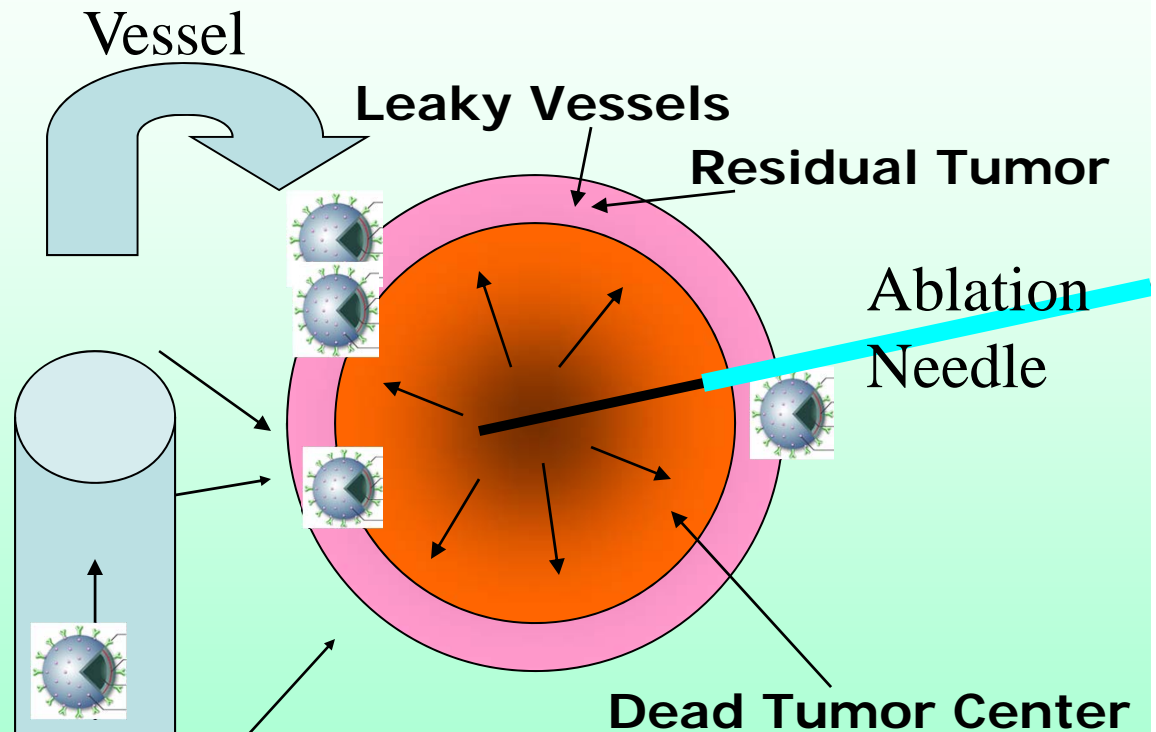
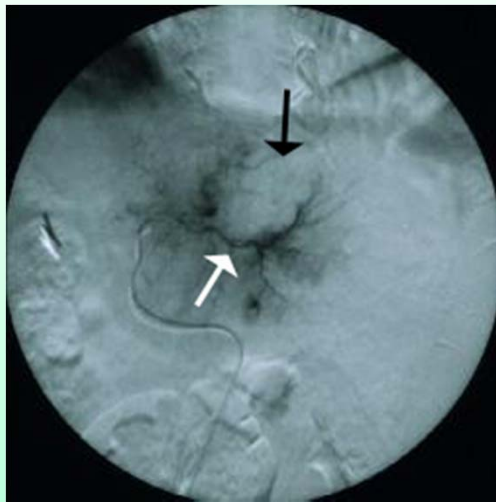


Tumor vasculature
ideal size for nanomedicine

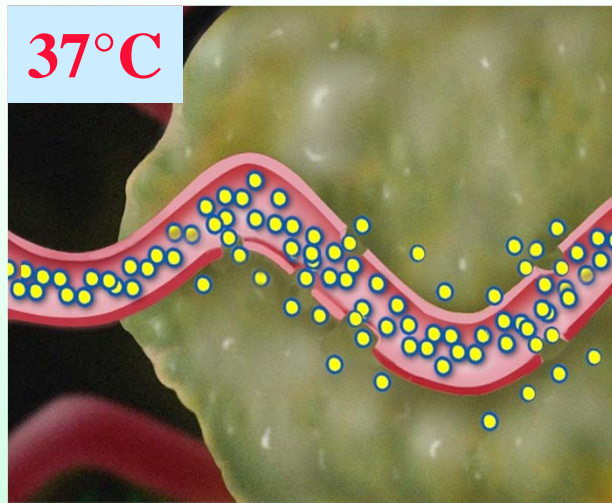


Combination Targeting: Smart IV Drug + Thermal Needle Device

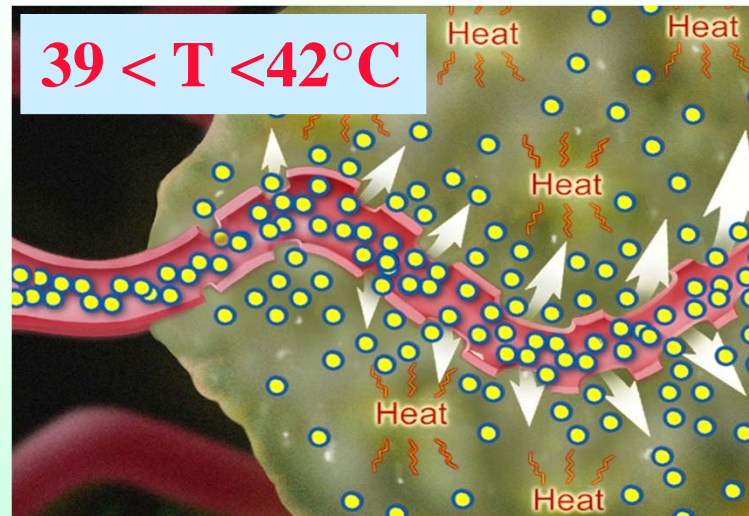
Extravasation @
Edge of RFA



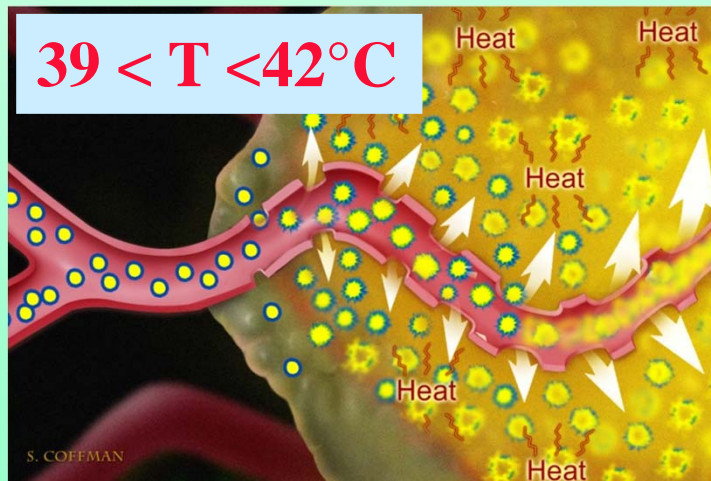
Physiologic, Thermal, & Chemical Synergy



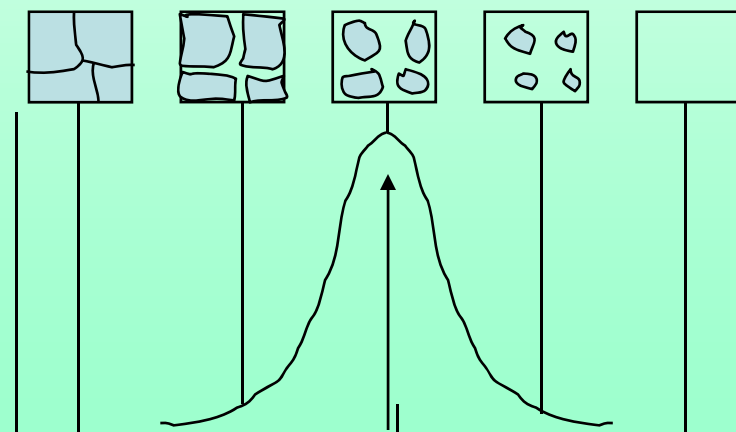
Leaky tumor vessels



Heat alters permeability

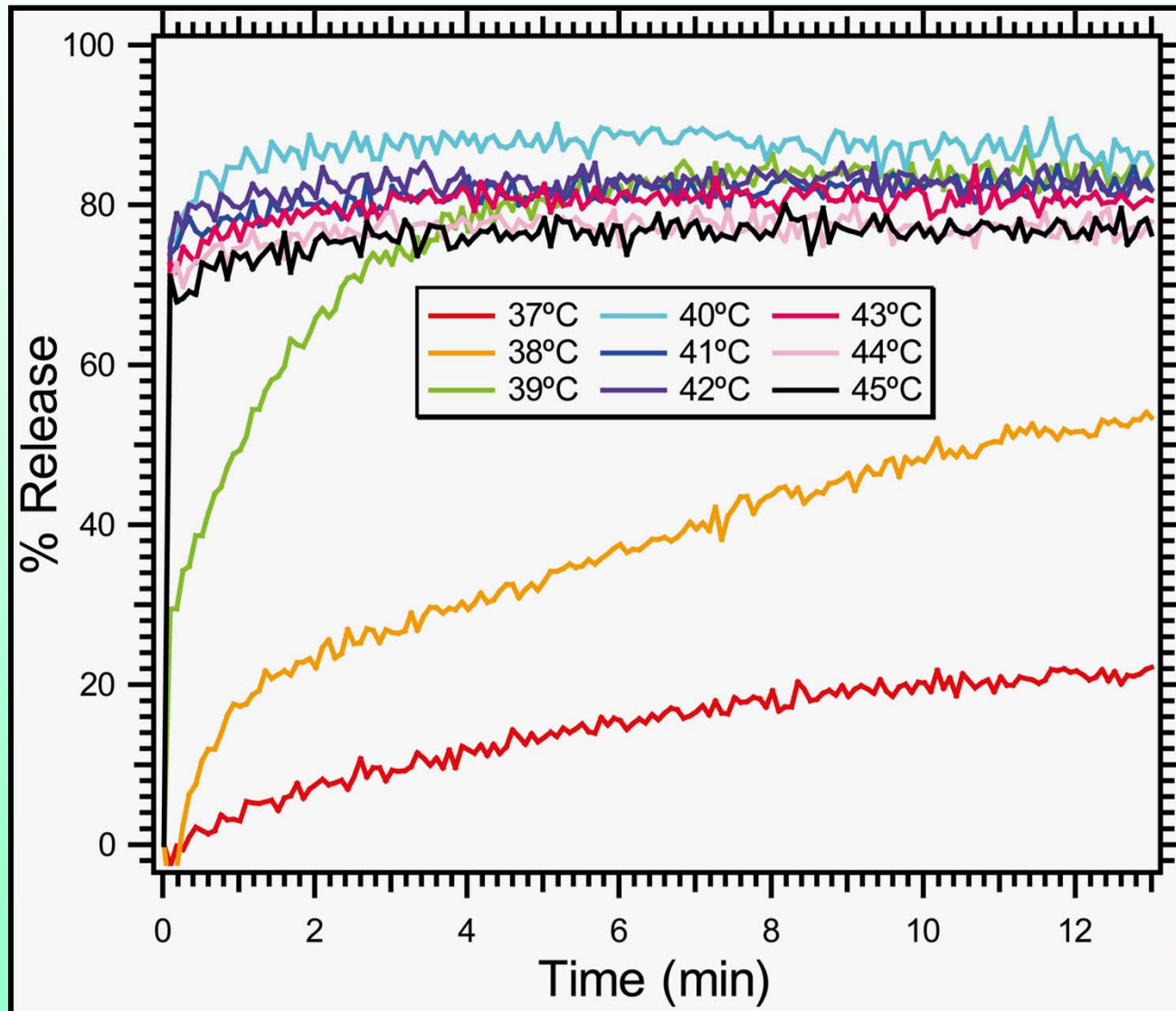


Cargo deployed @ 39-42 deg



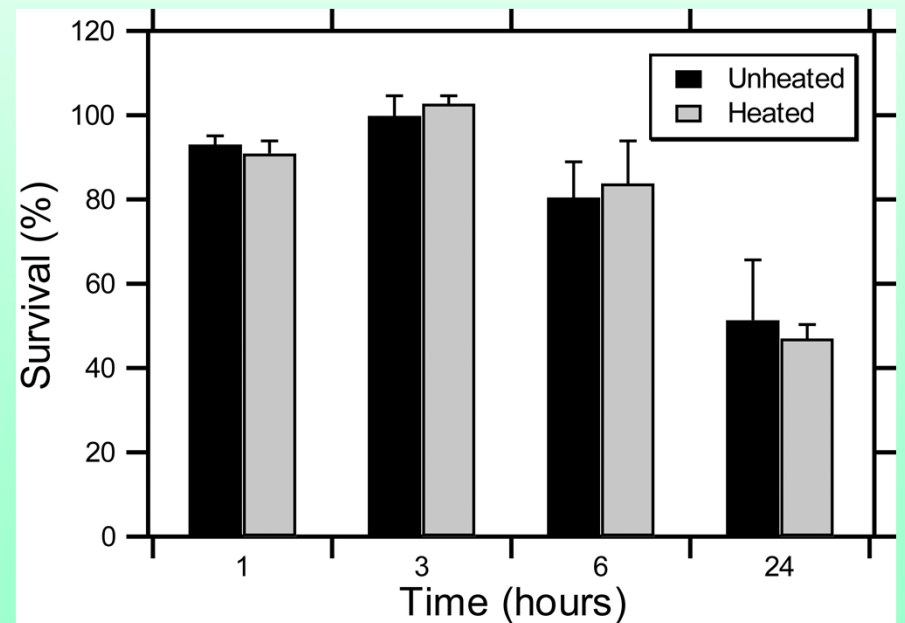
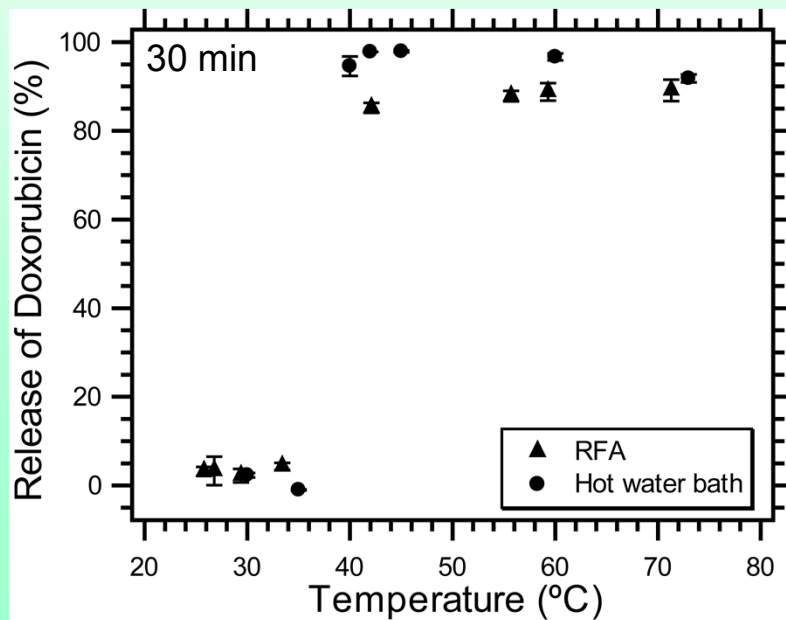
Transition Temperature

Percent drug release in plasma over time at diff temperatures



RFA and ThermoDox: in vitro feasibility

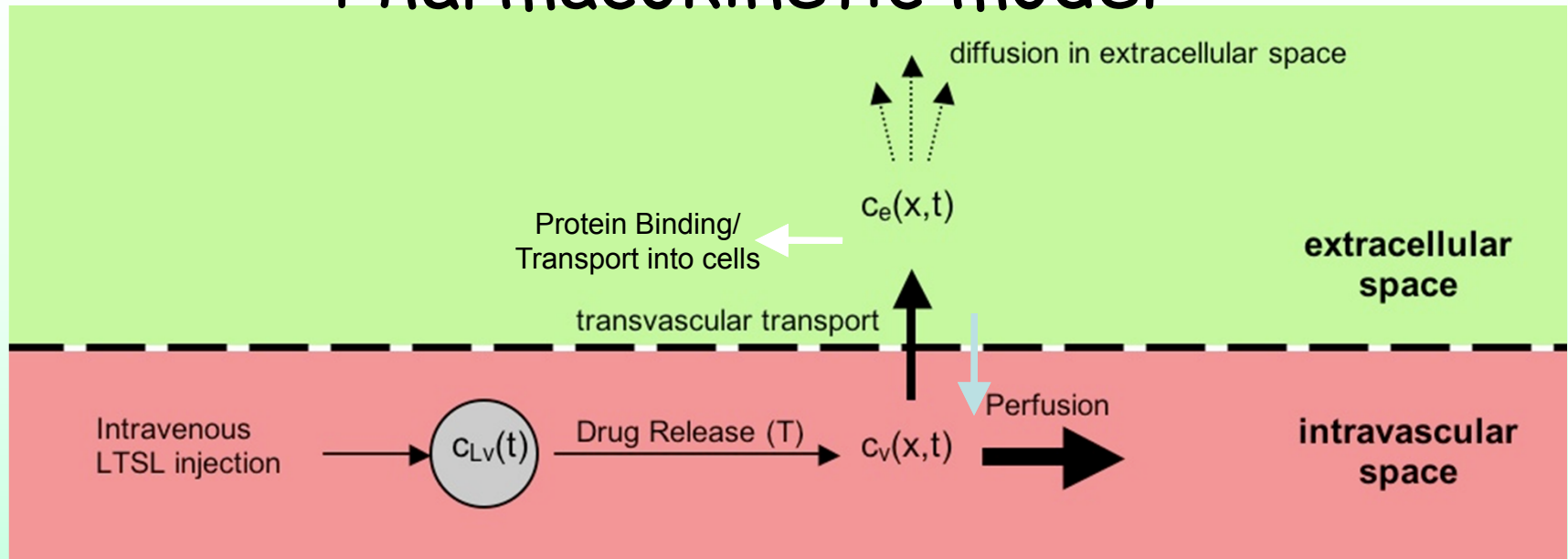
- Drug Release Independent of Heat Source
- Equivalent Cytotoxicity After Heat



JC Adenocarcinoma cells

Dox heated for 12 min, $P > 0.05$

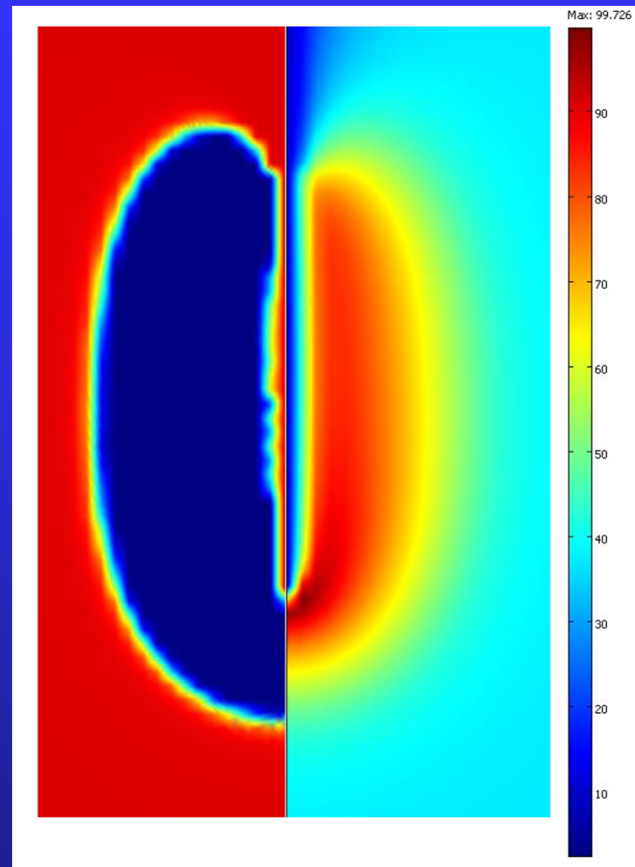
Paired heat transfer & Pharmacokinetic model



Transvascular Transport depends on:

- Vessel Permeability
(depends on drug molecule, $f(T)$)
- Vessel Surface Area
- Perfusion ($f(T)$)

Modeling Perfusion vs Temp

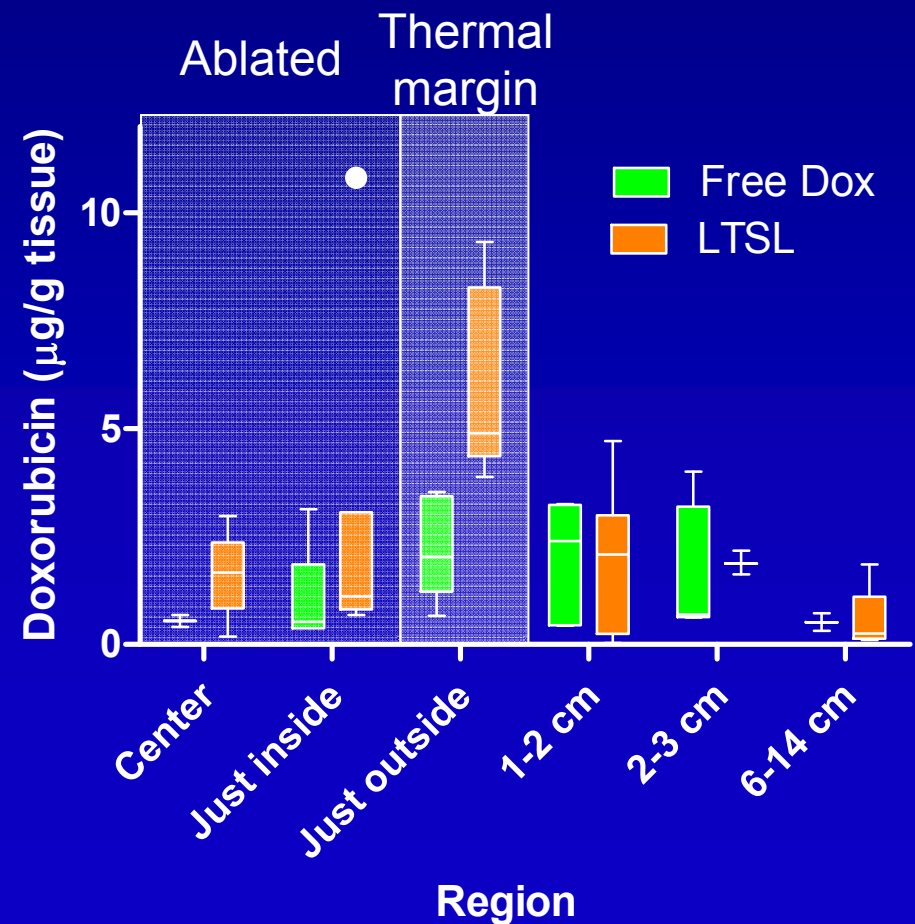
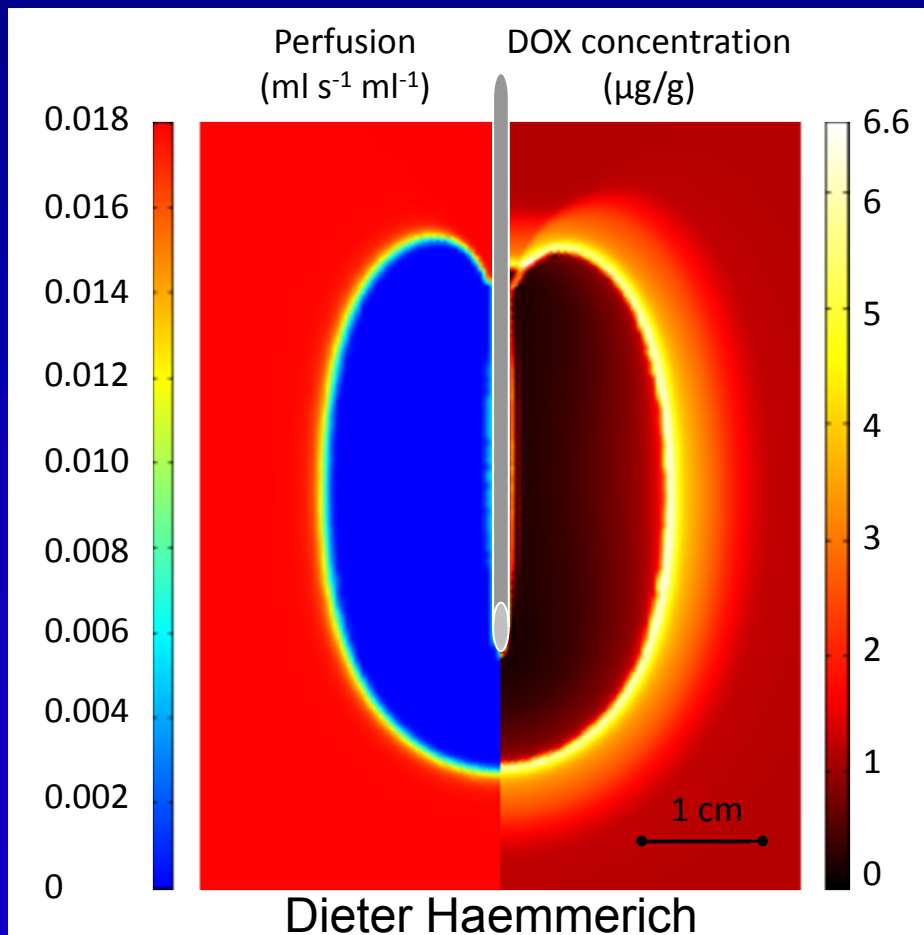


Perfusion
(%)

Temperature

RF ablation: Comparison Free DOX & LTSL

- Increased drug delivery to thermal margin



Imaging Drug Effects:

ThermoDox + RFA:

Idea, animal studies & Phase I @ NIH

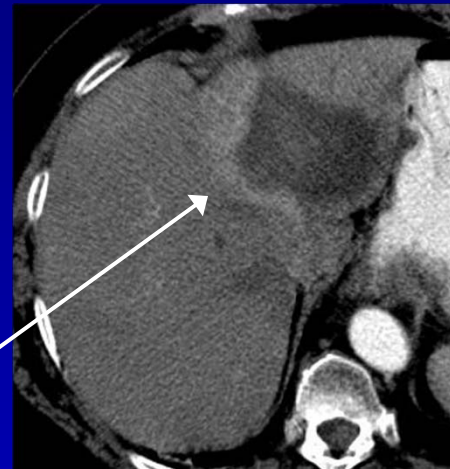
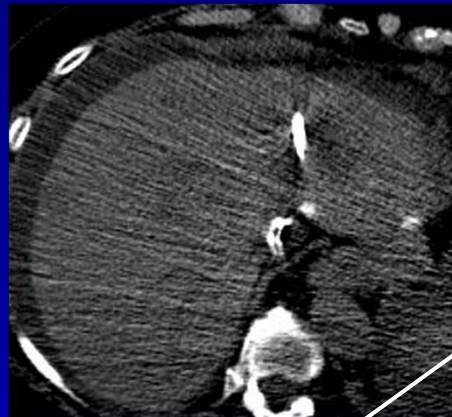
Phase III: 5 countries, 40 cancer centers

Pre-procedure

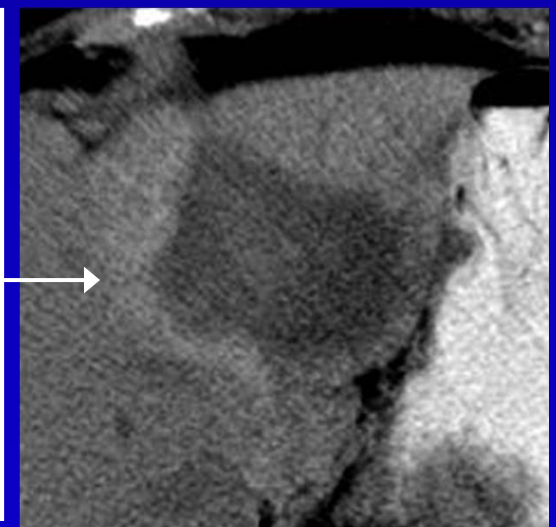
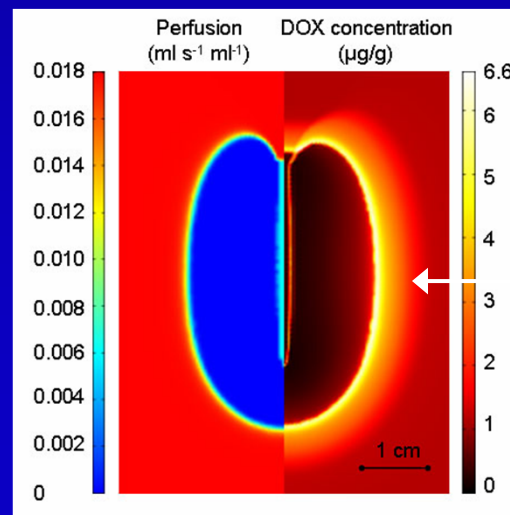
Intra-procedure

Day 71

12 month

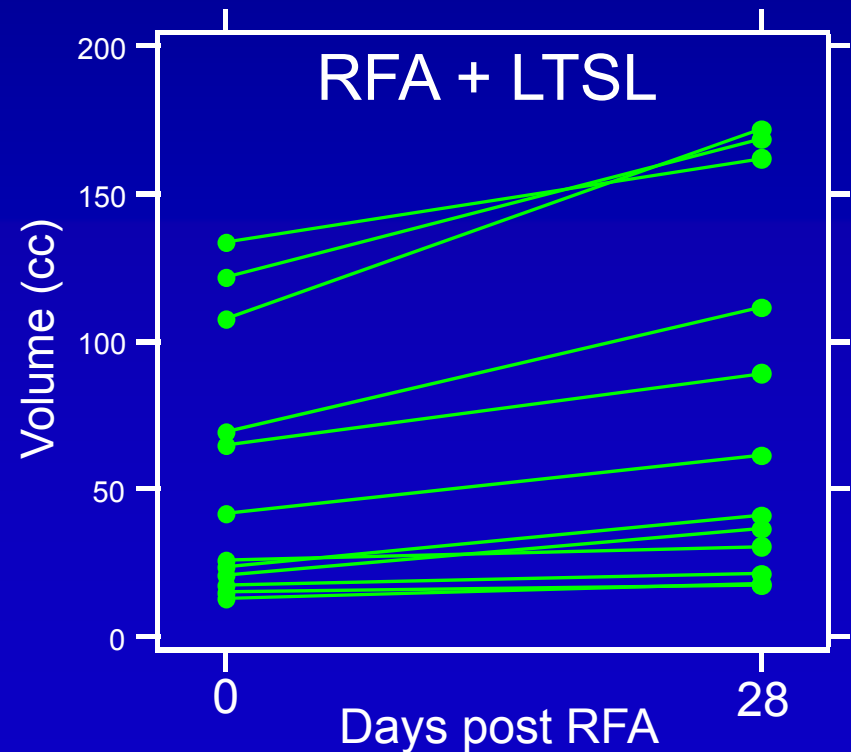
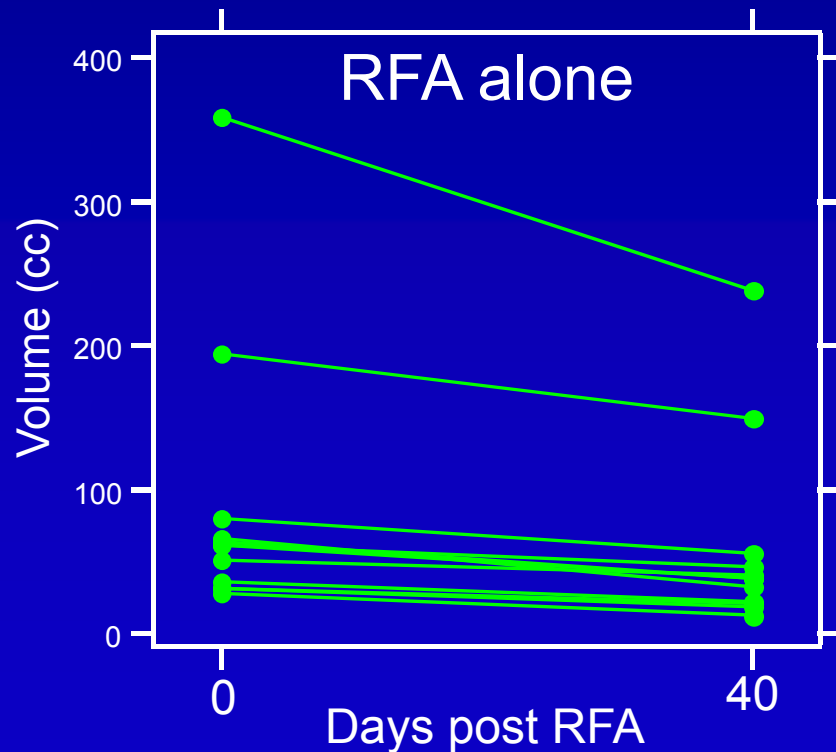
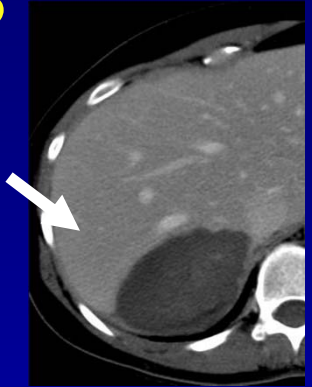


- Enhancing rim corresponds to predicted drug location

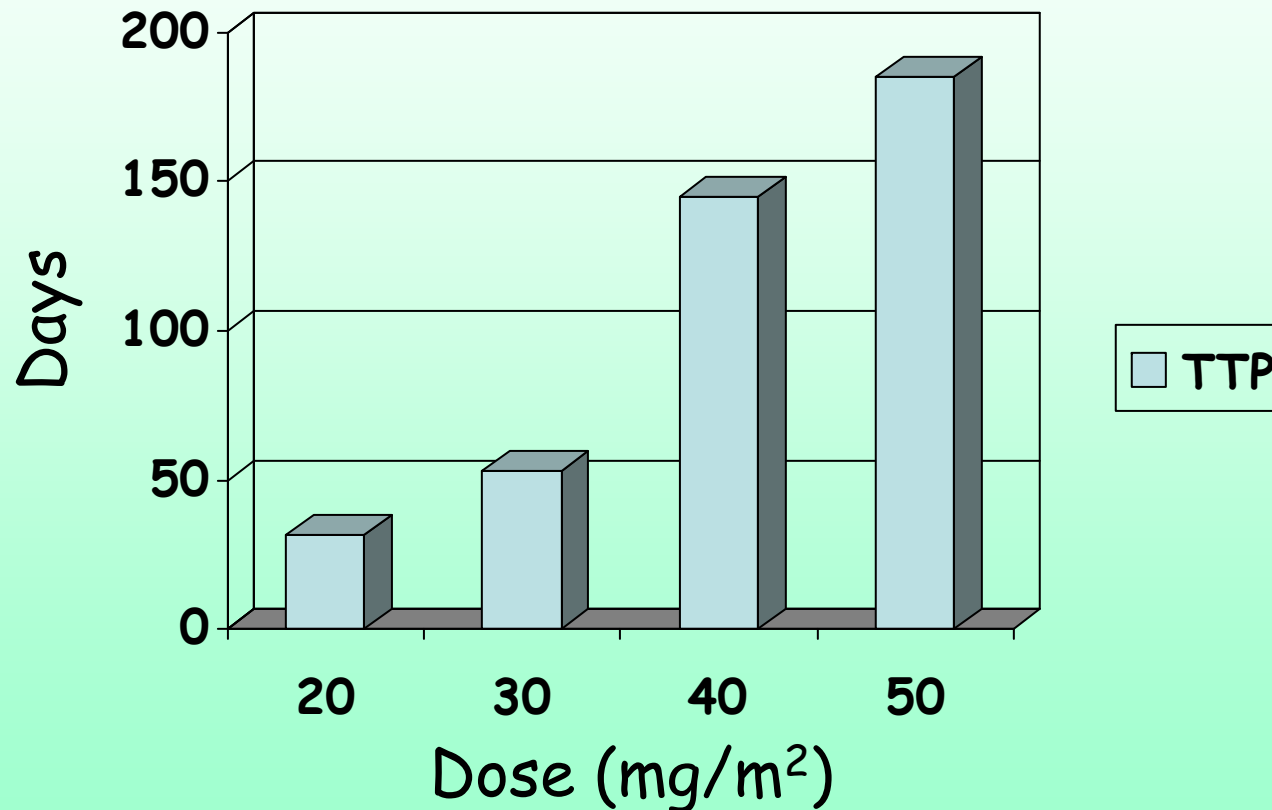


Drug + Device (RFA): Effect on Treated Volumes

- Bland RFA -35.8% volume
- RFA + LTSL +43.3% volume



RFA and ThermoDox: Time to progression



Drug eluting beads (DEB)

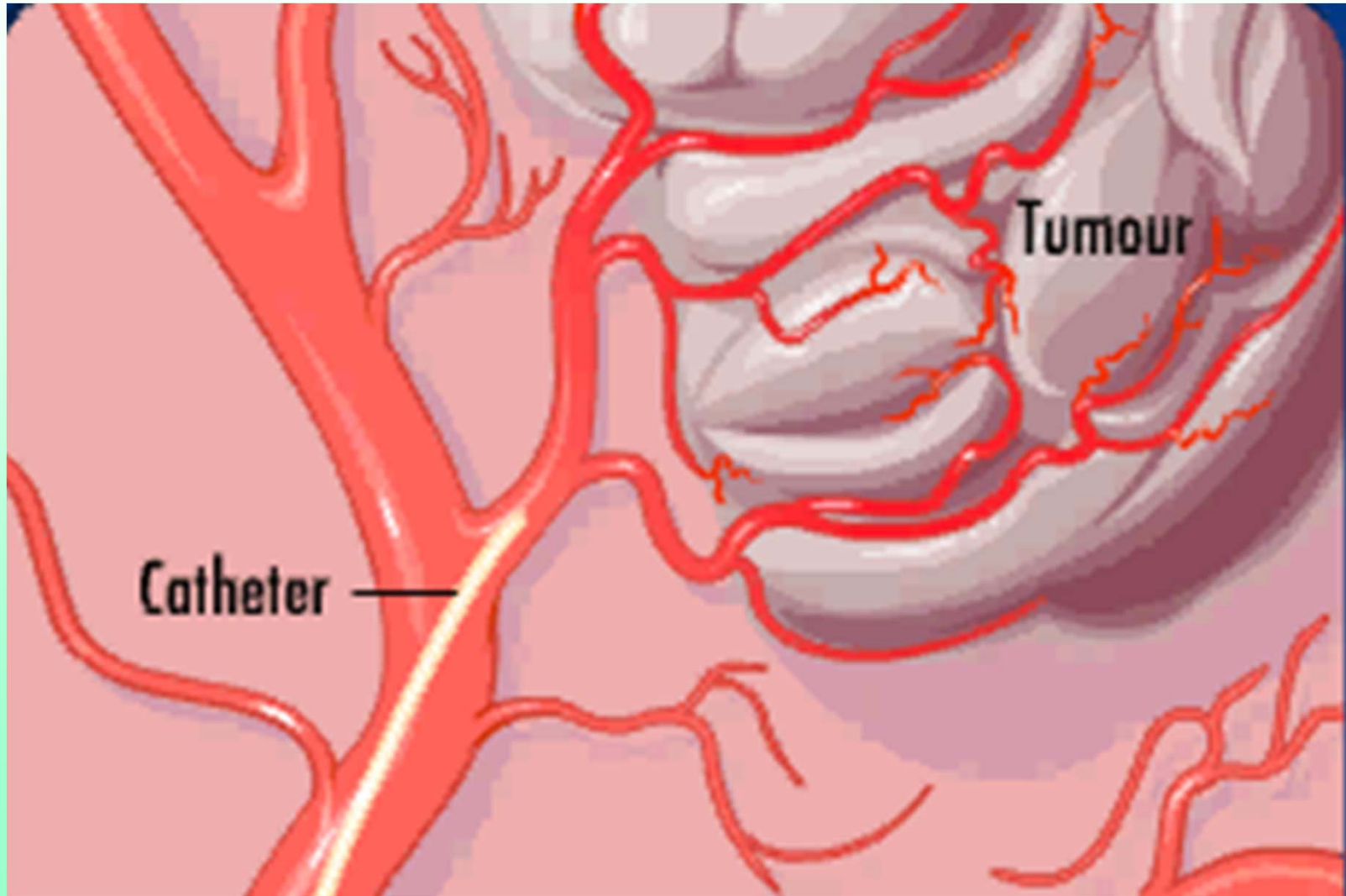
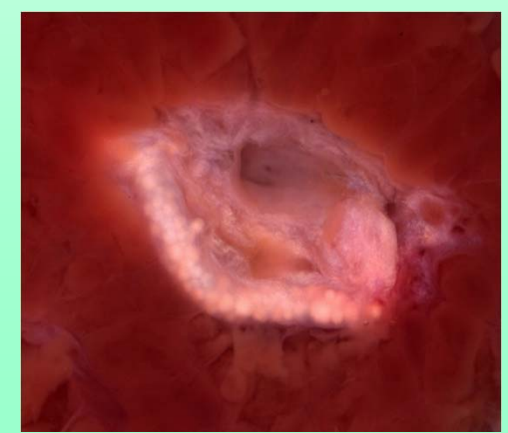
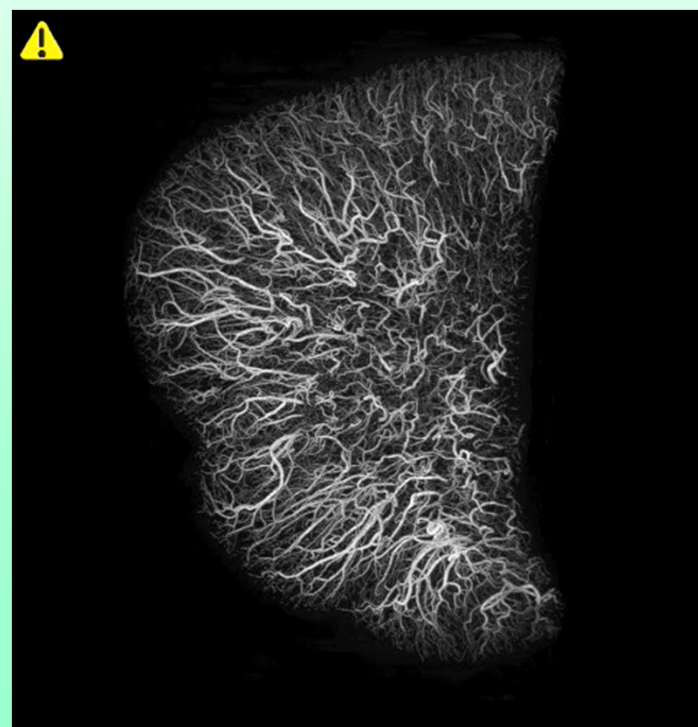
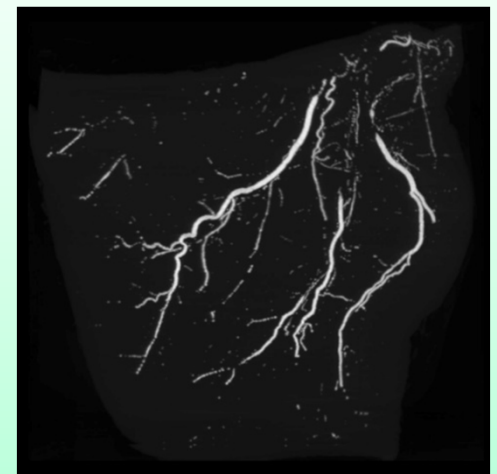
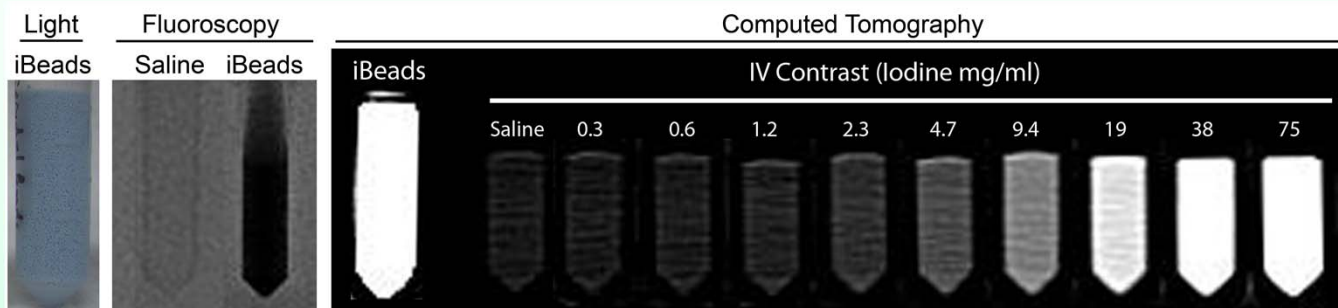


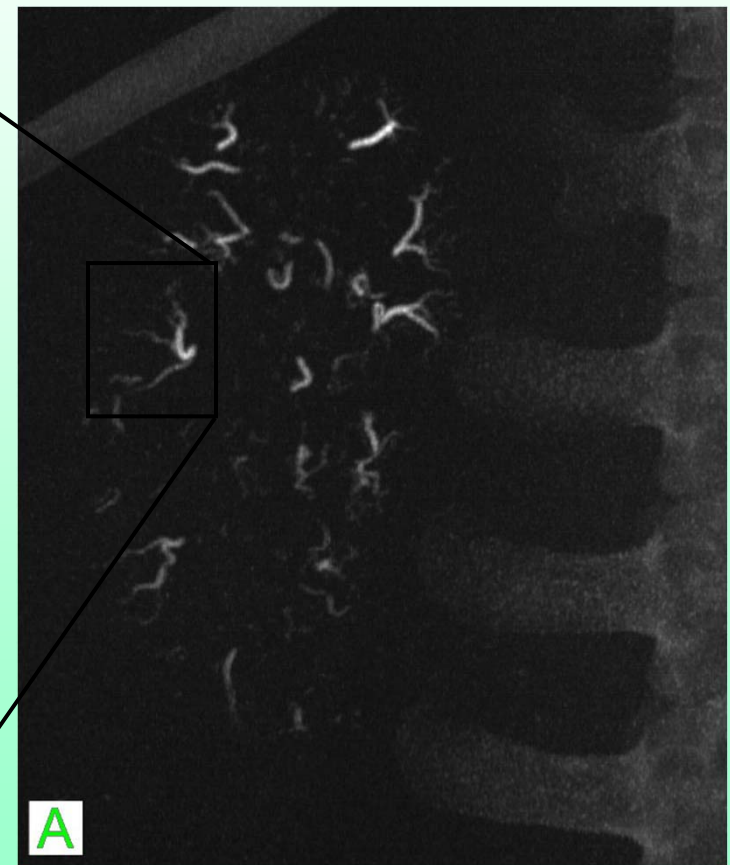
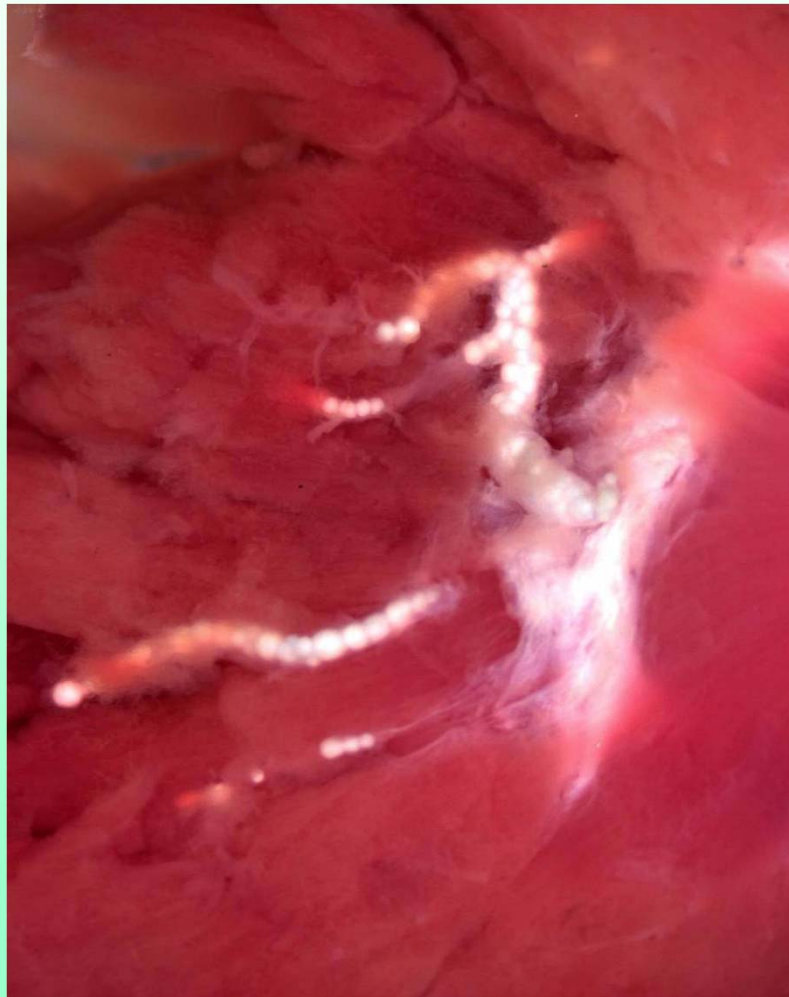
Image-able Drug Eluting Beads:

Pre-clinical, bench, in-vivo



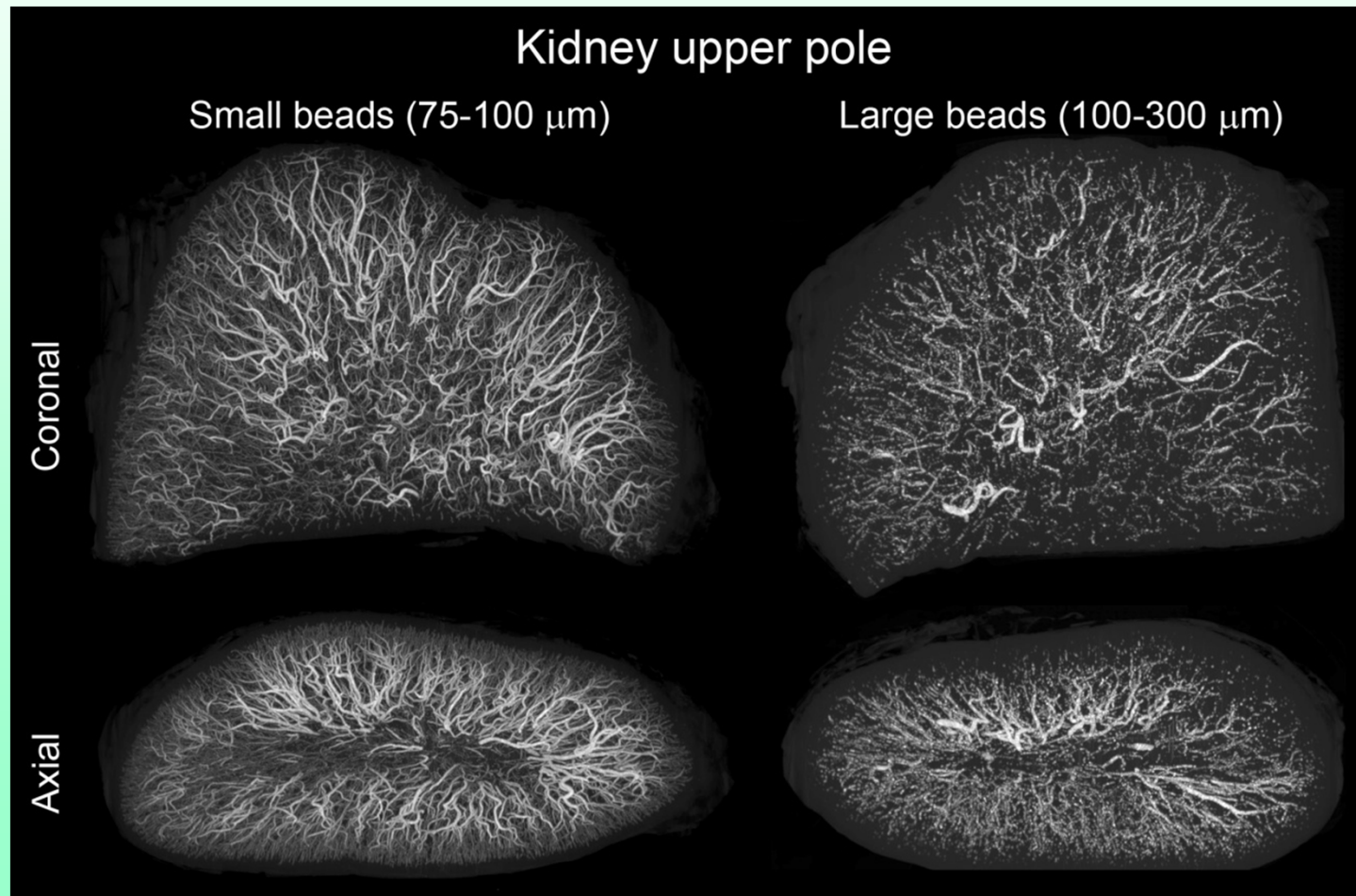
Imaging Drugs for Local Drug Dosing: personalized oncology

Distribution of bead correlates w/ true bead location (image)



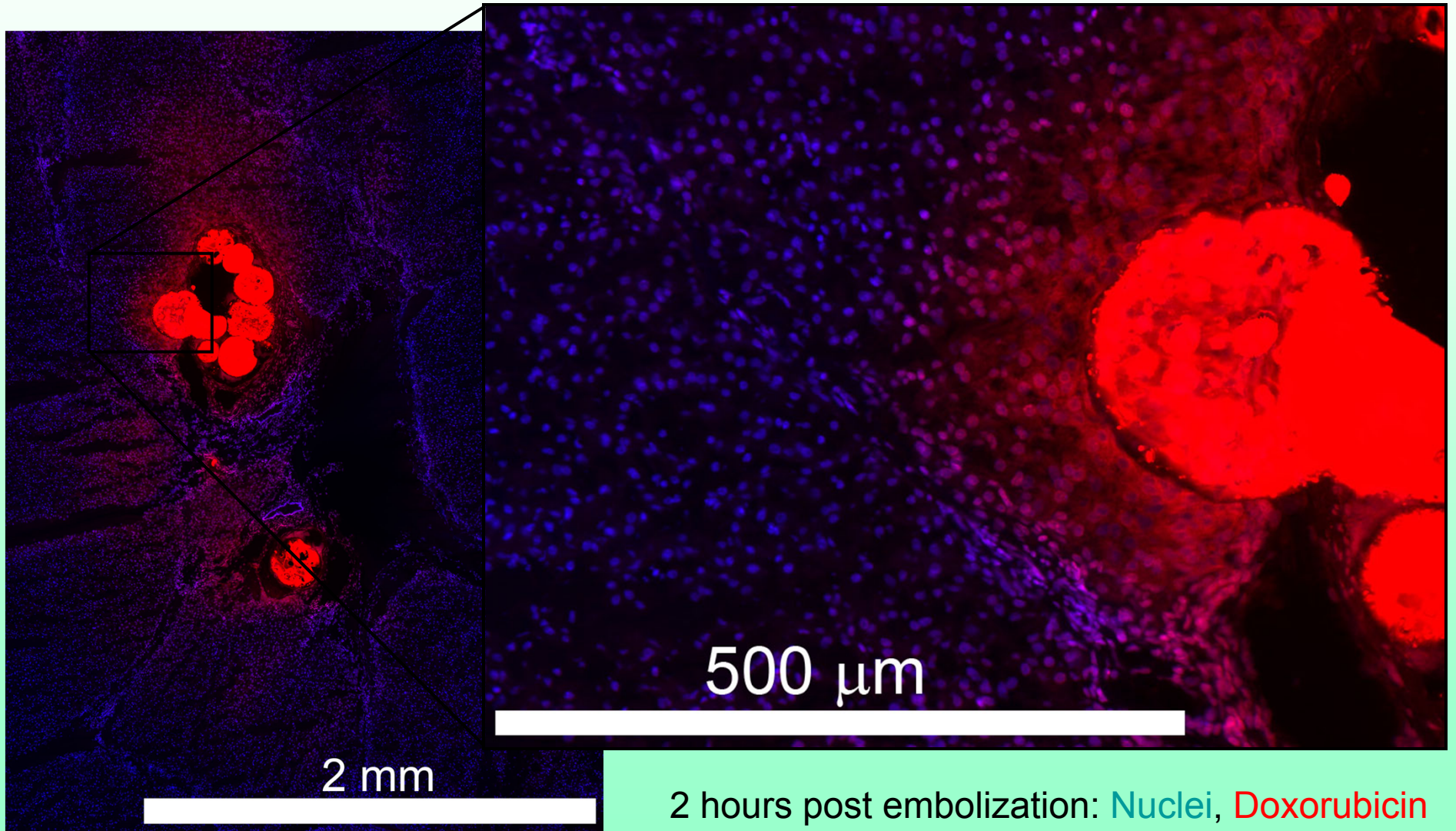
The spatial distribution of embolization beads is directly related to bead size on micro-CT

- Small image-able beads (75-100 μm) found in smaller & peripheral arteries w/ many orders of branching
- Larger beads (100-300 μm) go central w/ gaps between embolized arteries

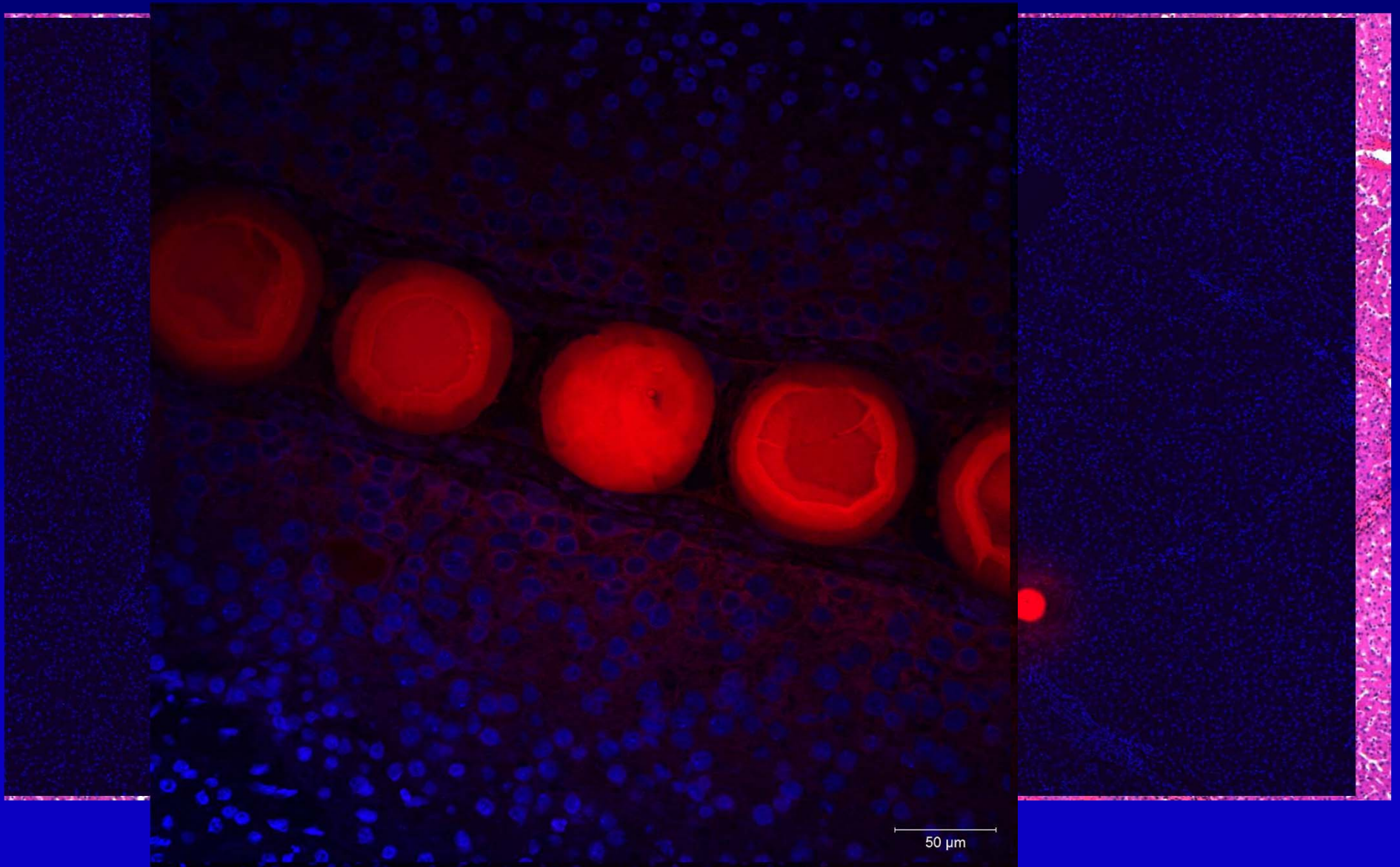


Imaging Dynamic Drug Delivery:

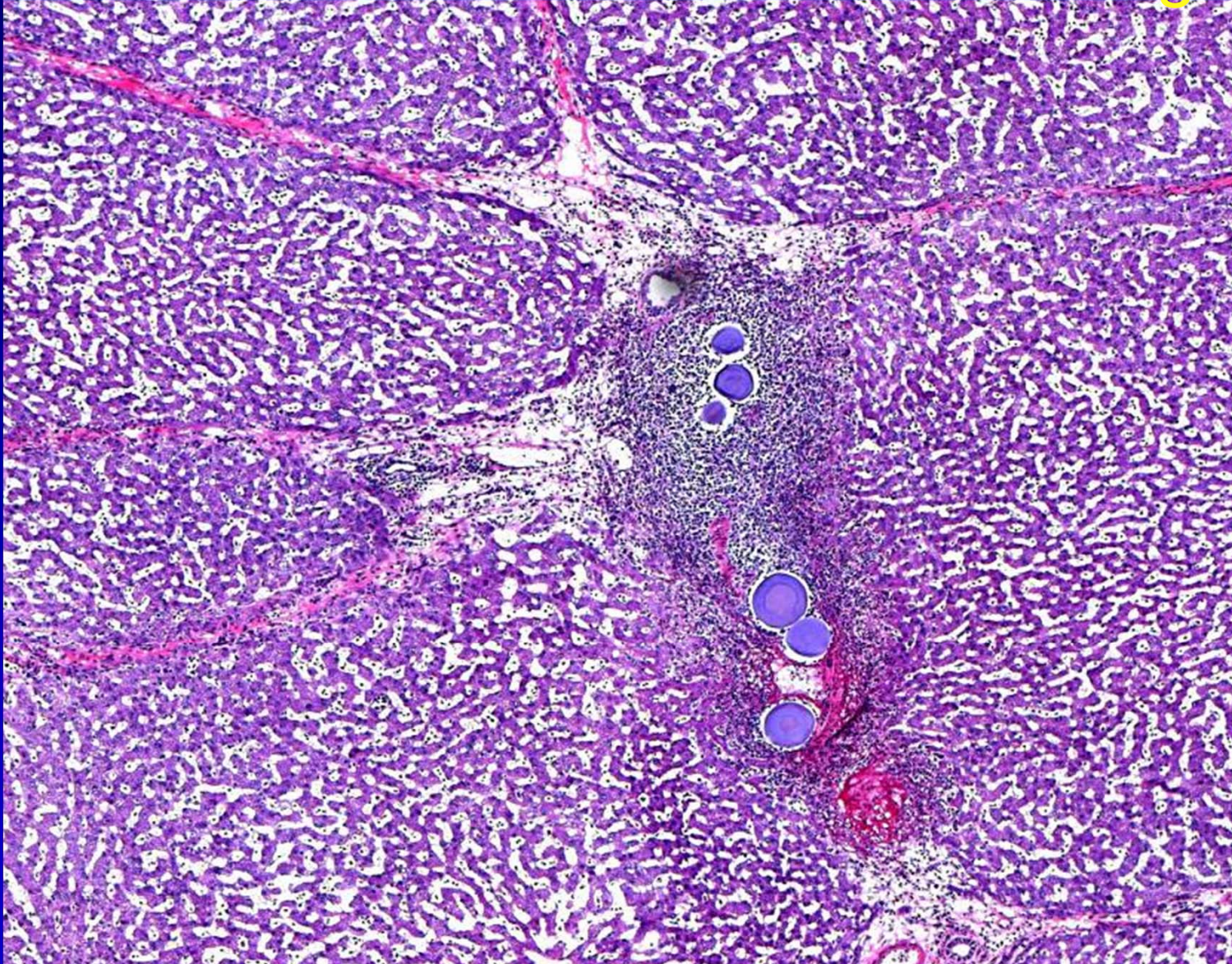
Distribution of drug correlates w/ bead location



30 Minutes Post Small Beads

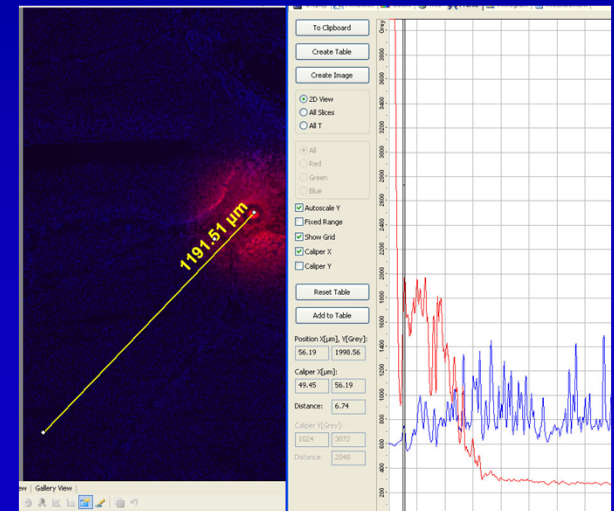
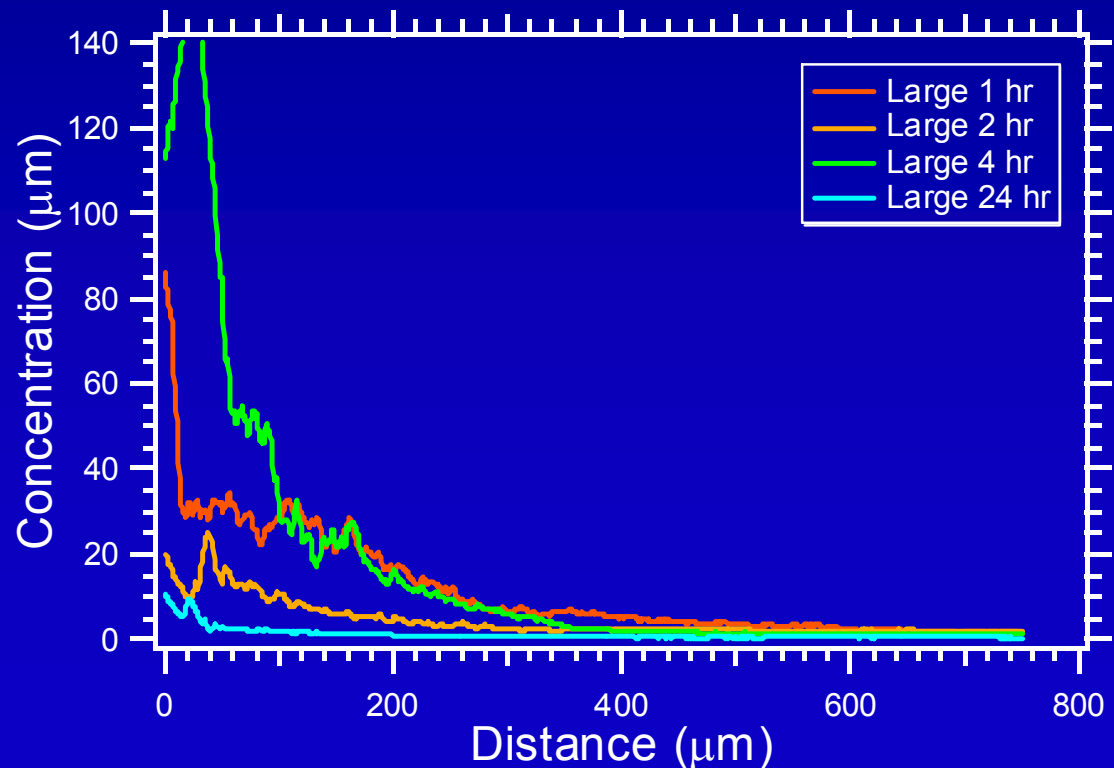


24 Hours Post: Necrosis colocalizes with drug



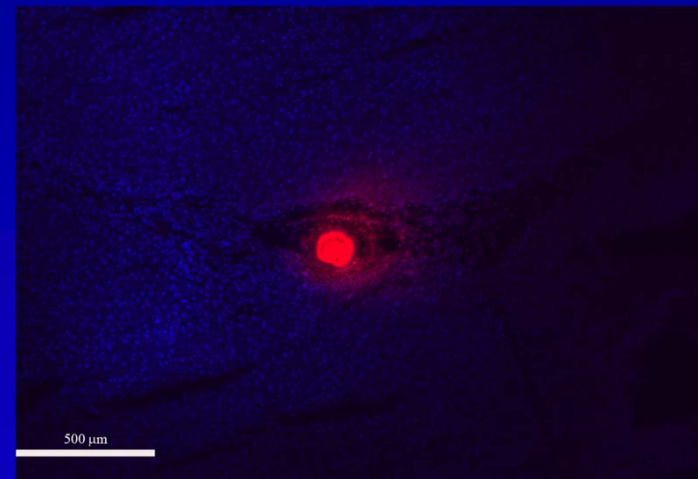
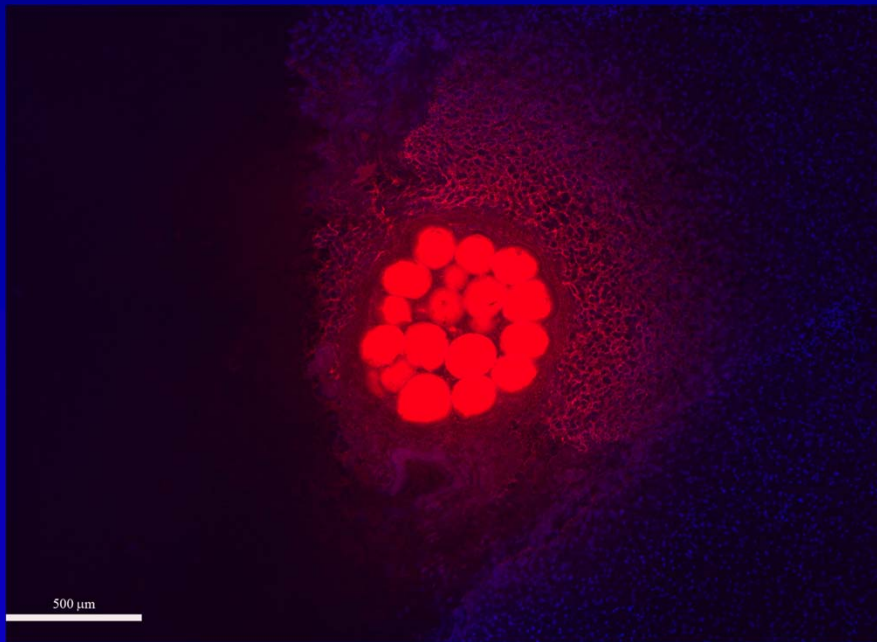
Doxorubicin Line Profile for Spatial Drug Quantification

- Dox concentration is highest around beads
- Greatest concentration appears at 4 hrs
- Limited Dox at 24 hrs

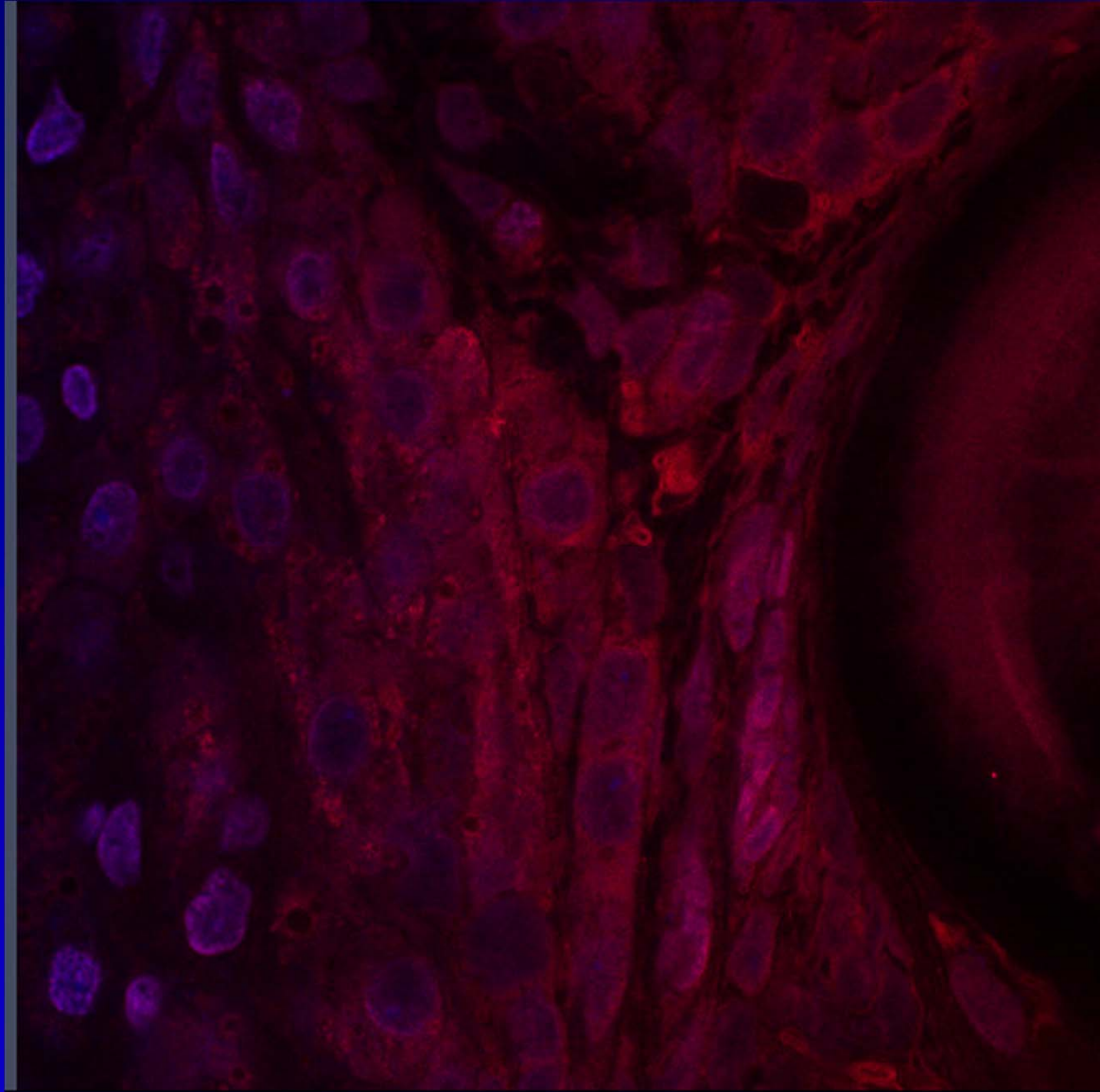


Comparison of one & many beads

- Greater concentration of Dox around more beads



2 Hr Confocal Microscopy – subcellular distribution

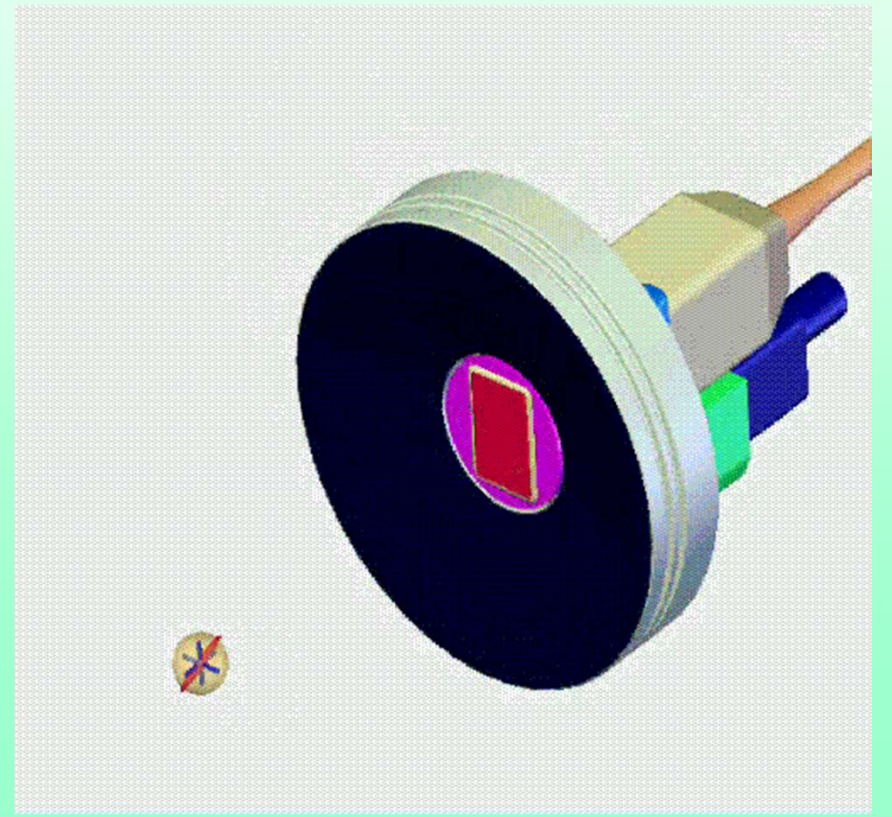
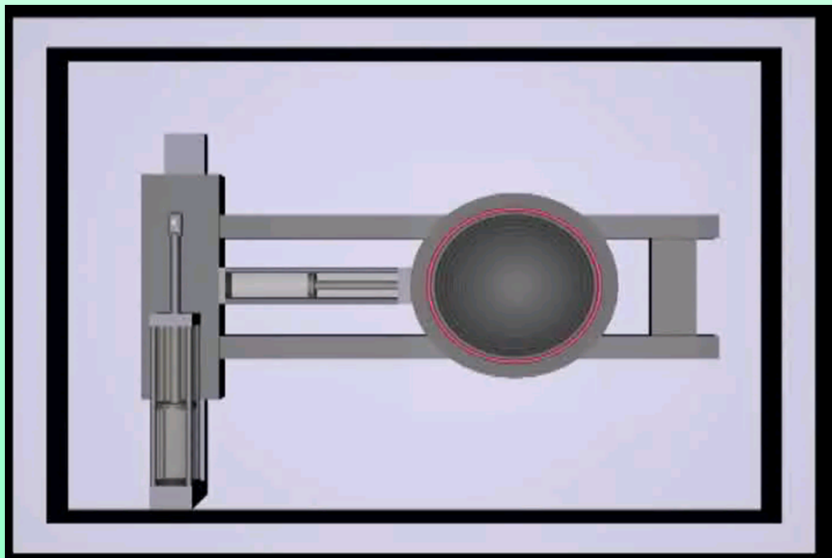
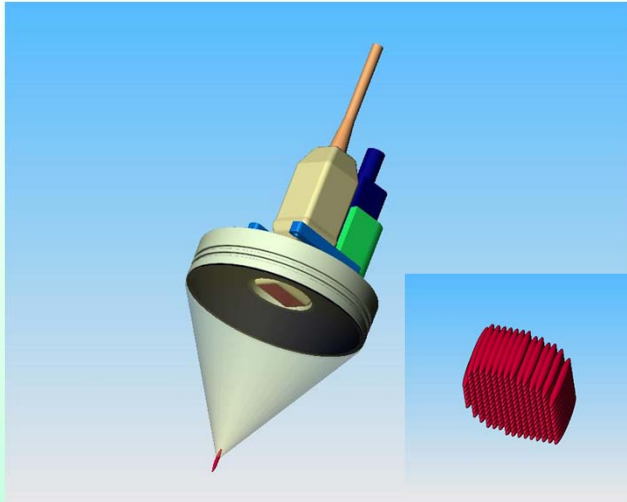


Pre-Drug Eluting Beads (DEB)

4 Weeks Post- DEB



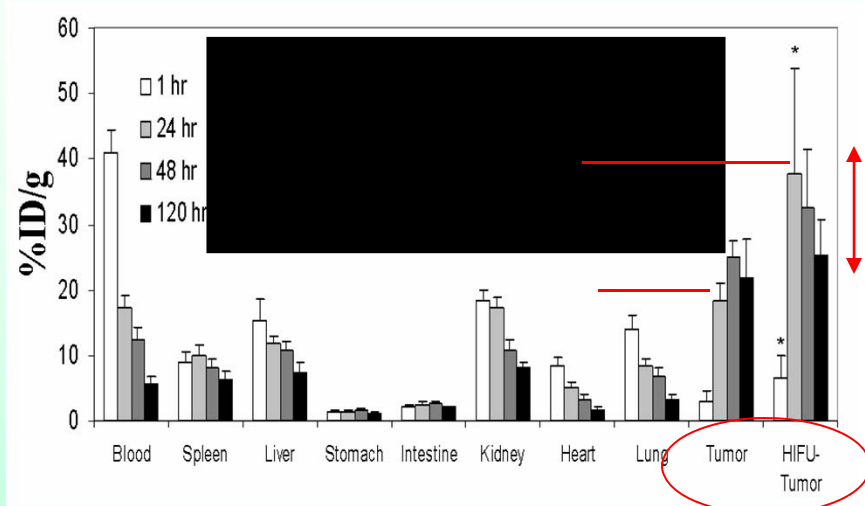
Image Guided, Non-Invasive HIFU for Tissue Destruction, Drug Delivery, or Hyperthermia



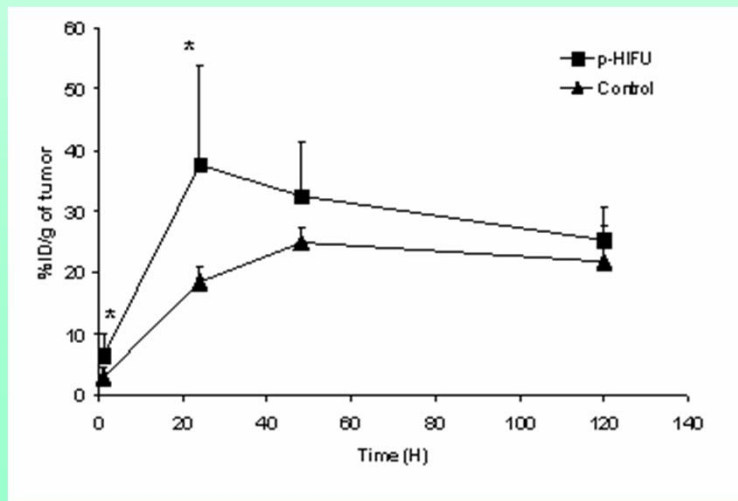
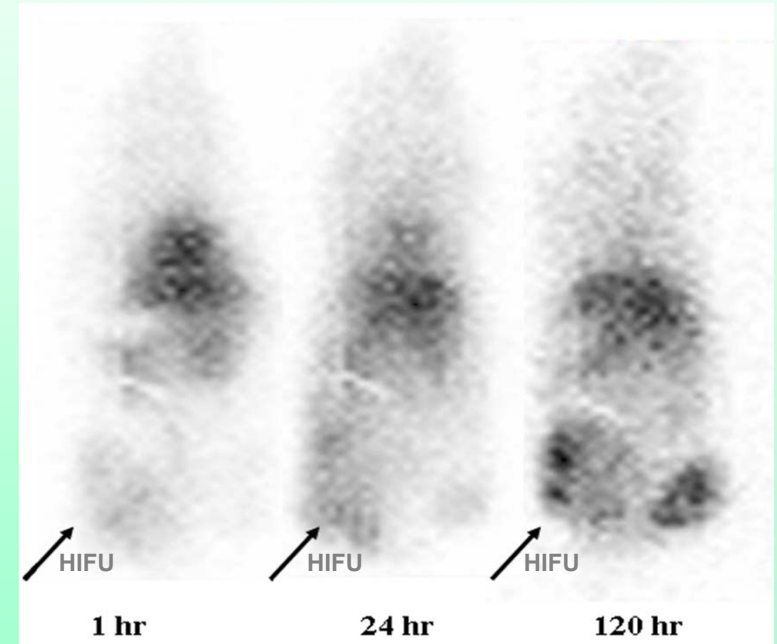
Pulsed HIFU enhanced delivery:

MR contrast agent (Gd)	muscle (rabbits)
FITC-dextran (500 kDa)	SCC7 tumors (mice)
fluorescent Nanoparticles	JC tumors (mice)
Genes - GFP (naked DNA)	SCC7 tumors (mice)
ThermoDox * growth inhibition	mice
Velcade * growth inhibition	mice
TNFα * growth inhibition	SCC7 tumors (mice)
Radiolabeled B3 Lewis Y Antibodies	

Enhanced (systemic) delivery of Indium labeled monoclonal antibody in a human Epidermoid tumor model

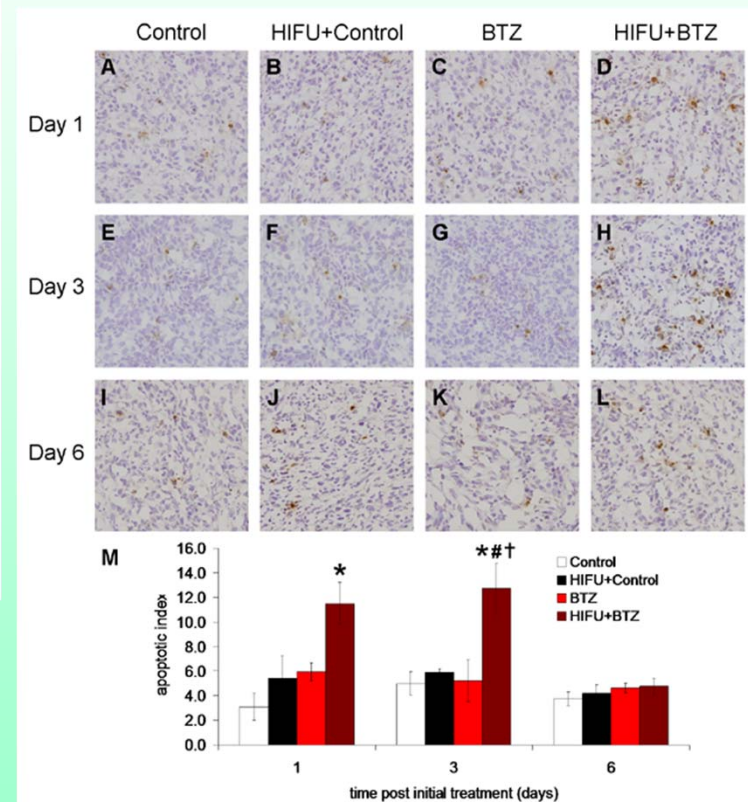
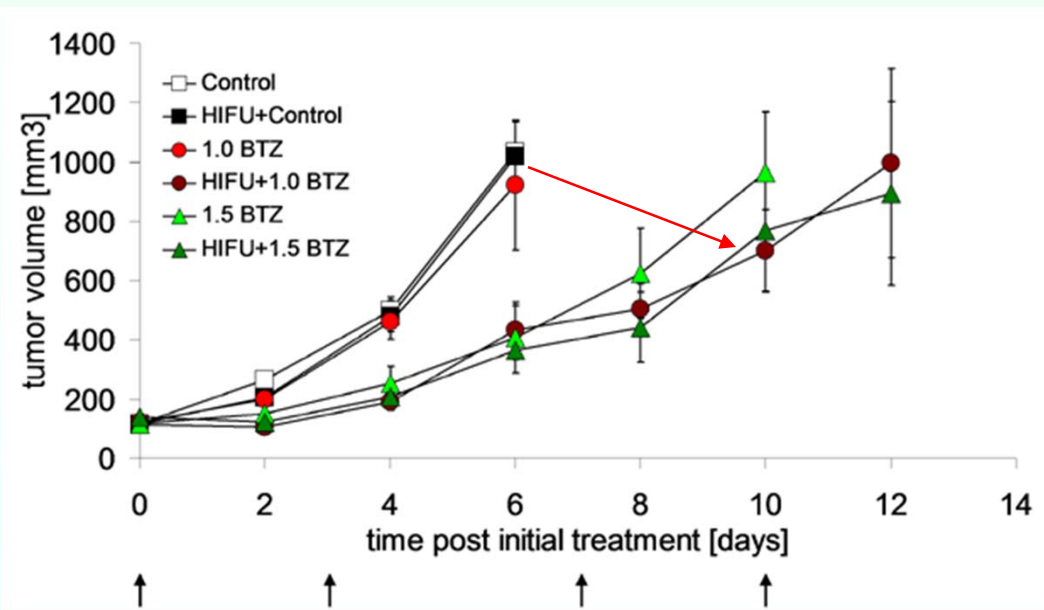


systemic administration (tumors)

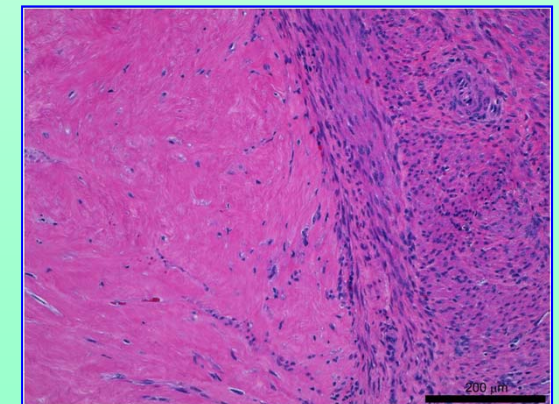
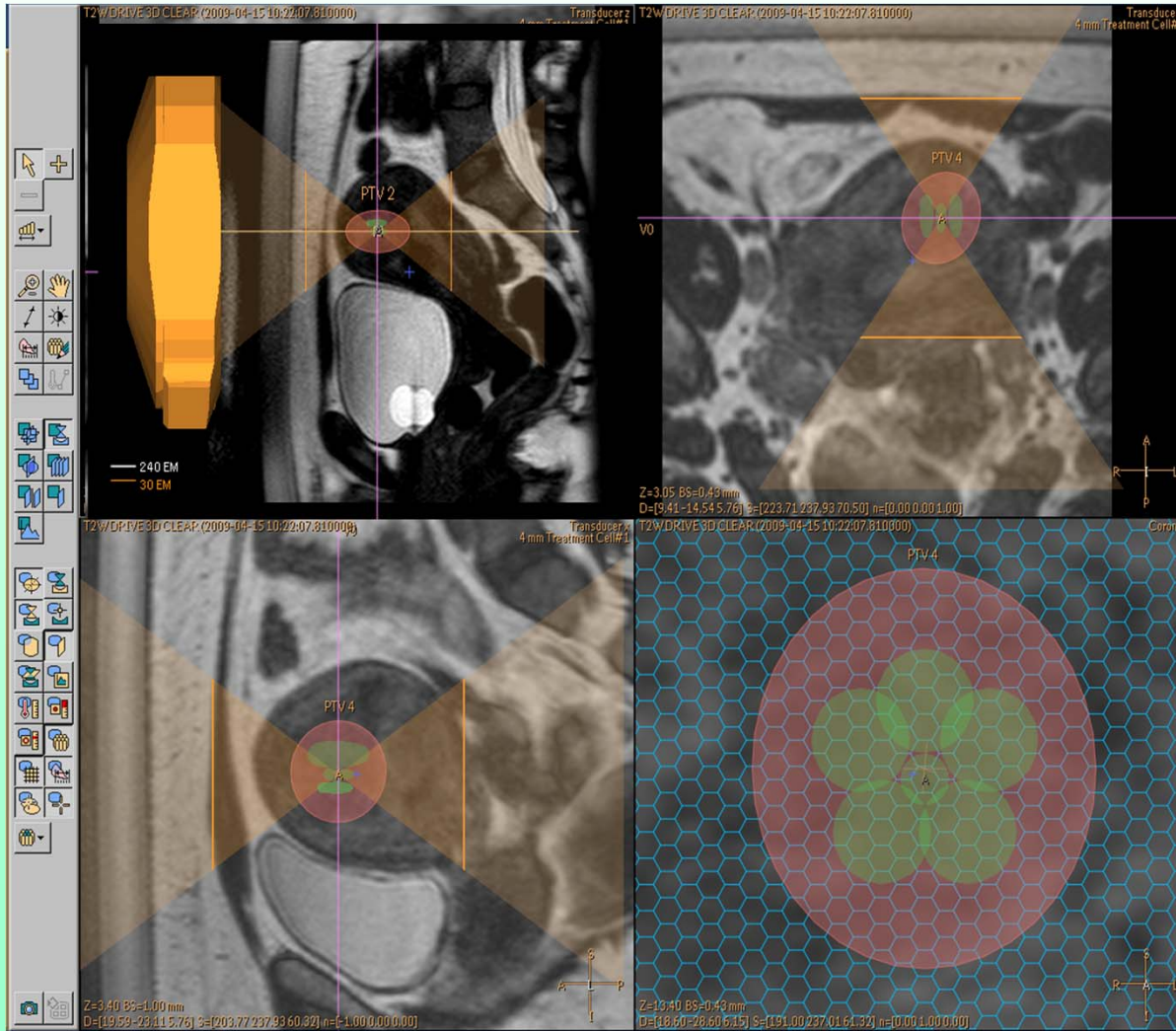


Enhanced inhibition of tumor growth: HIFU + drug with narrow therapeutic window -Bortezomib (Velcade®)

systemic administration

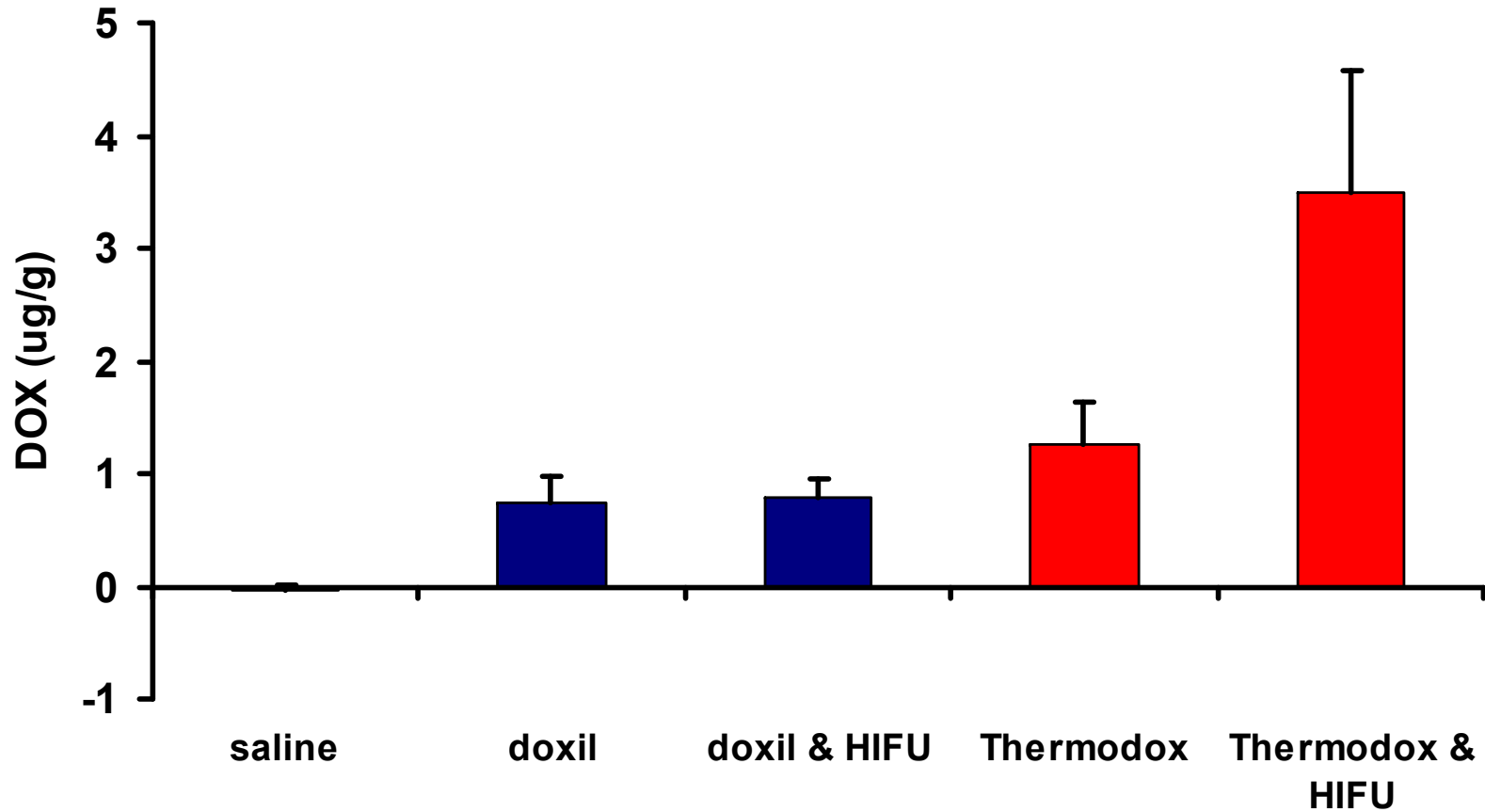


HIFU Thermal Ablation: MRI Thermometry to Sculpt Treatment

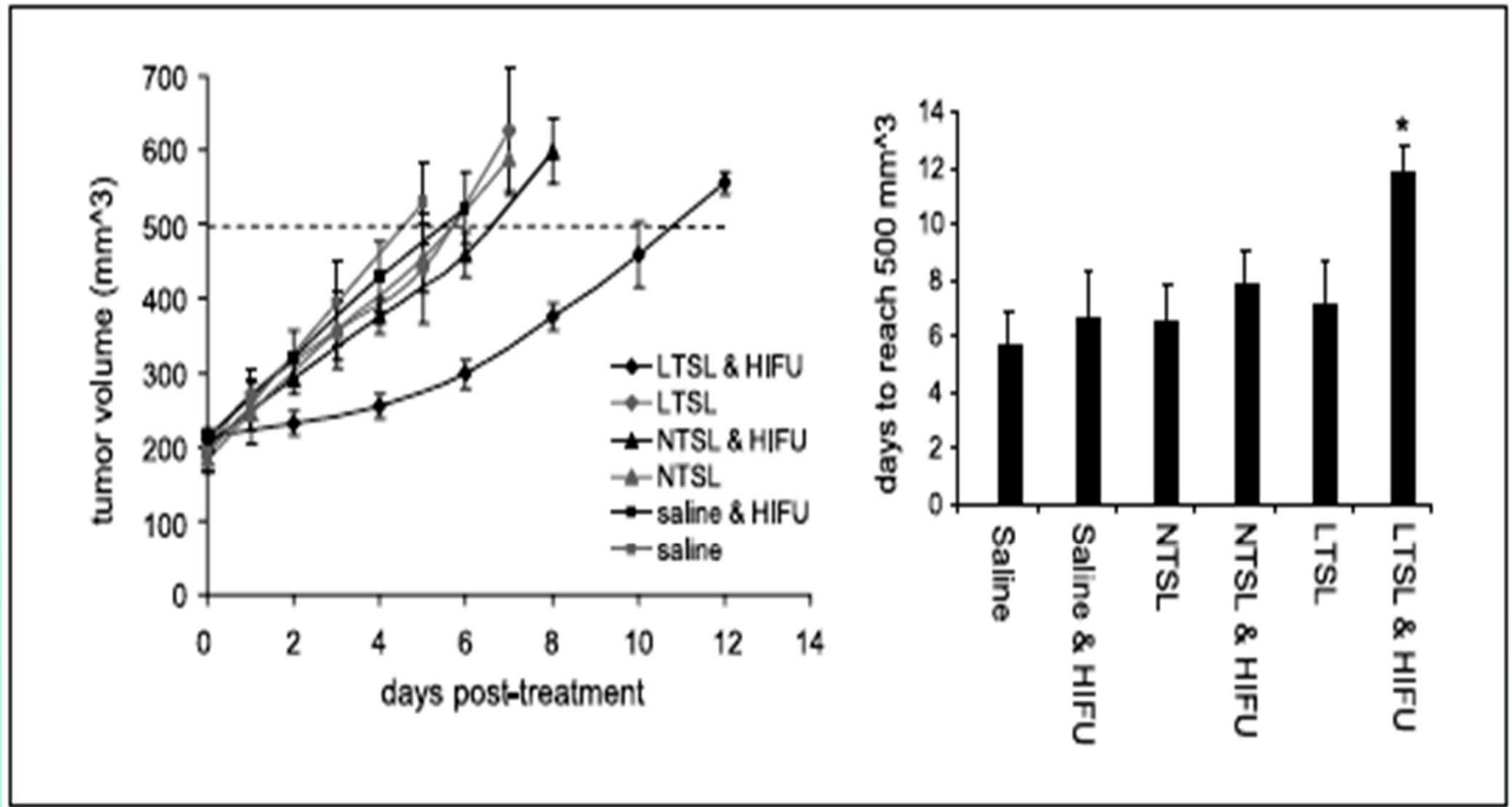


HIFU + Thermodox™

Deposits more drug than HIFU + Doxil™

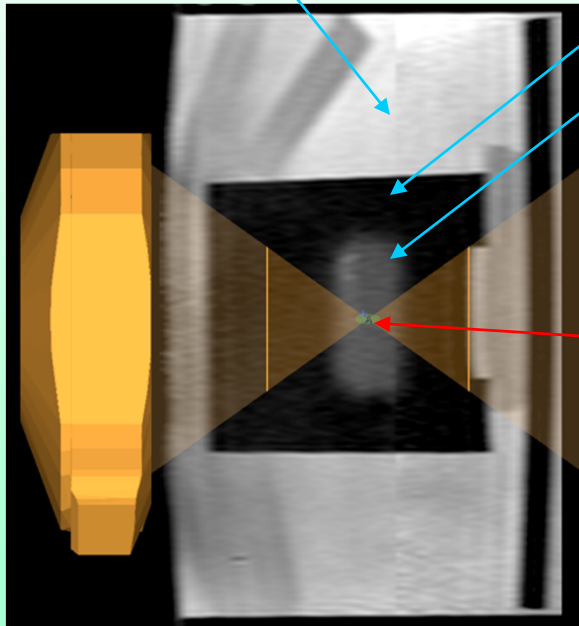


HIFU + Thermodox™ vs HIFU + Doxil™ Regression Study



"Drug Dose Painting" w/ MR-Image-able, Heat-deployed Liposome

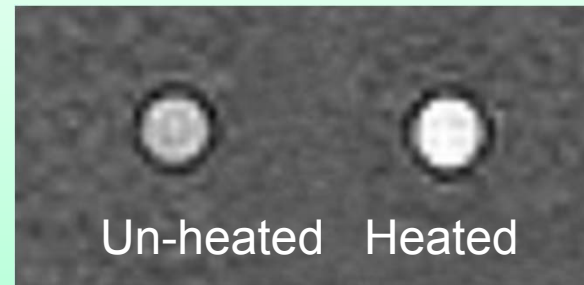
Water bath



Phantom

Phantom
with LTSL

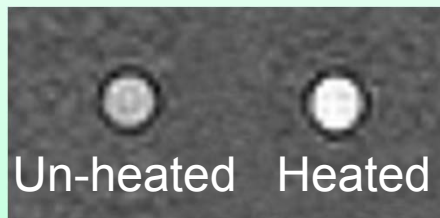
Heated
zone



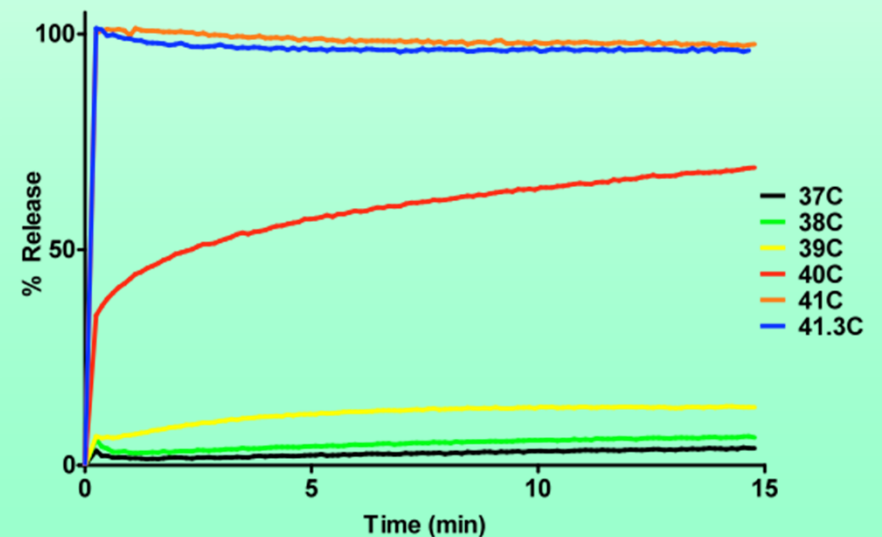
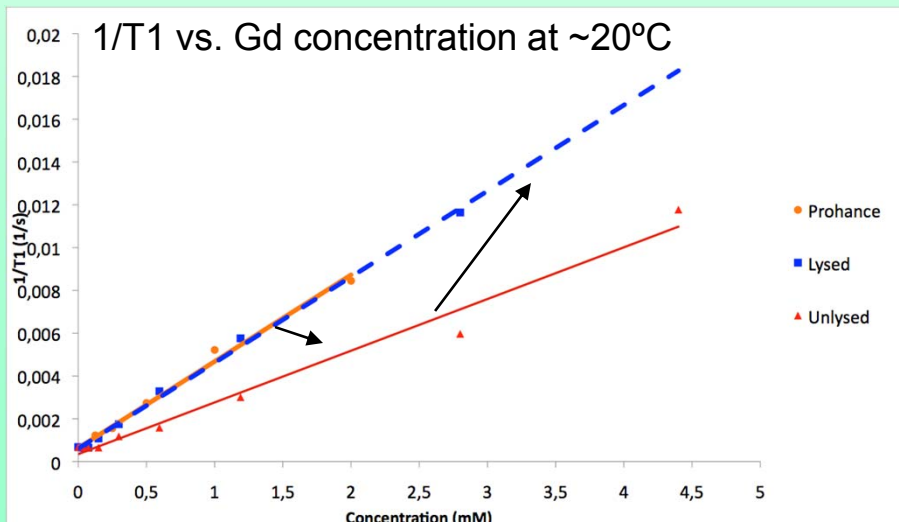
Un-heated Heated

MR-Image-able, Heat-deployed Liposome

- $1/T_1$ linear function of Gd concentration
- Can differentiate lysed carrier from non-lysed on MRI
- Relaxivity of heated LTSL increased 66% (2.4 vs. 4.0 $\text{Mm}^{-1}\text{s}^{-1}$)

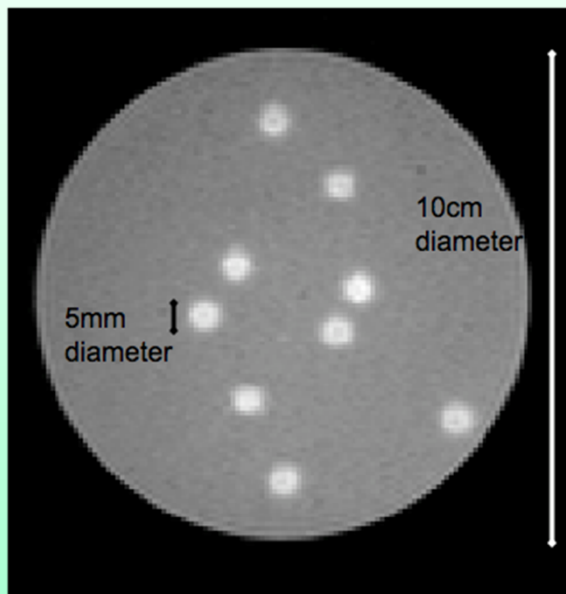


Maximum (and rapid) release of Dox was observed at **temperatures above 41°C** as measured by spectrofluoroscopy

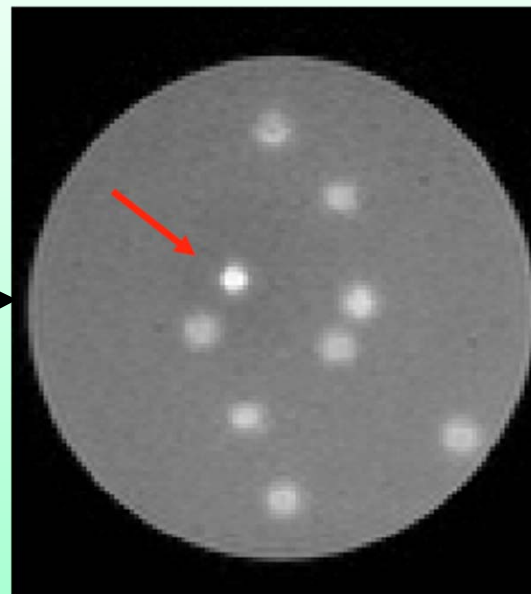


HIFU causes release of contrast & drug

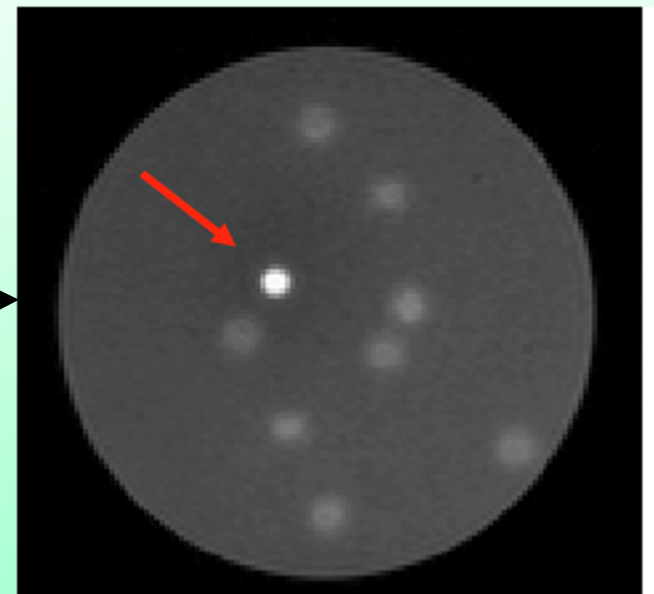
Pre-hifu



Post-hifu to $\sim 41^{\circ}\text{C}$



Post-hifu to $\sim 43^{\circ}\text{C}$



- Same Gd concentration

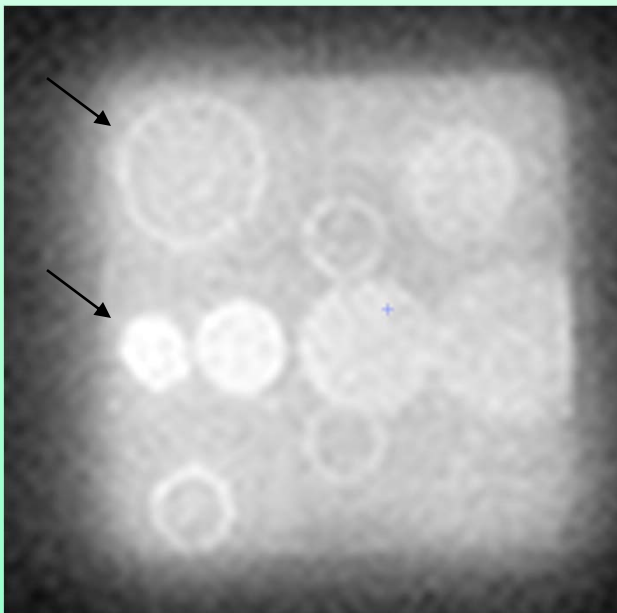
- Equal signal intensity baseline

- Noticeably higher signal

- Much higher signal

MR-HIFU w/ image-able heat-deployed liposomal carriers

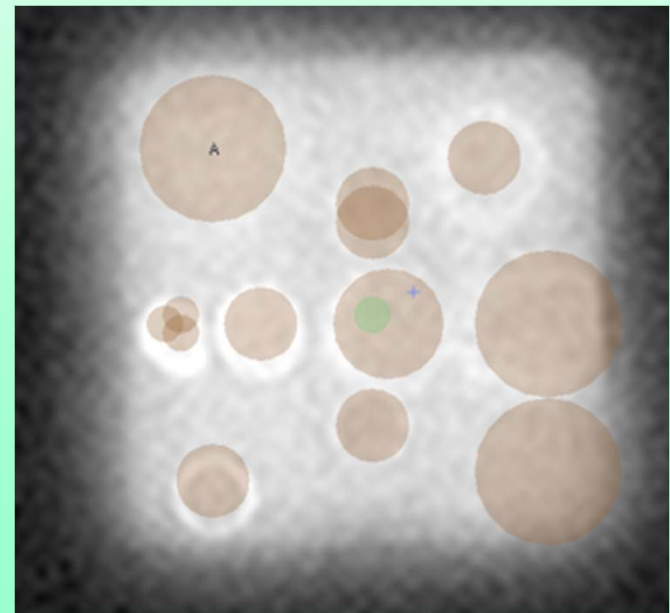
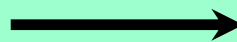
- Real-time monitoring
- Precise **spatiotemporal control** of content release
- Noninvasive monitoring of **contrast release**, **temperature**, & potential for drug delivery assesment
- No cavitation



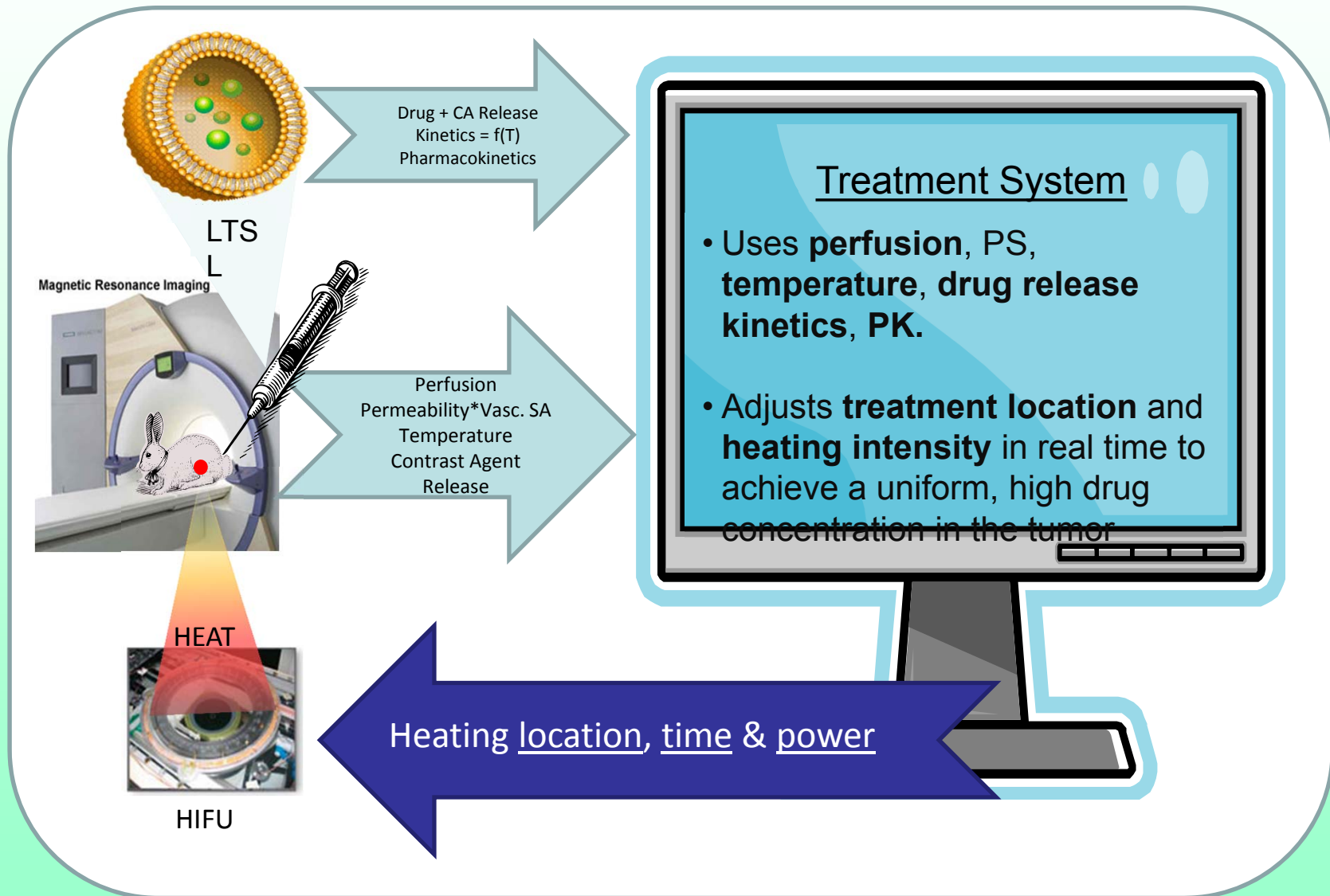
Locations of
release in
phantom



... overlaid
with positions of
prescribed
cells

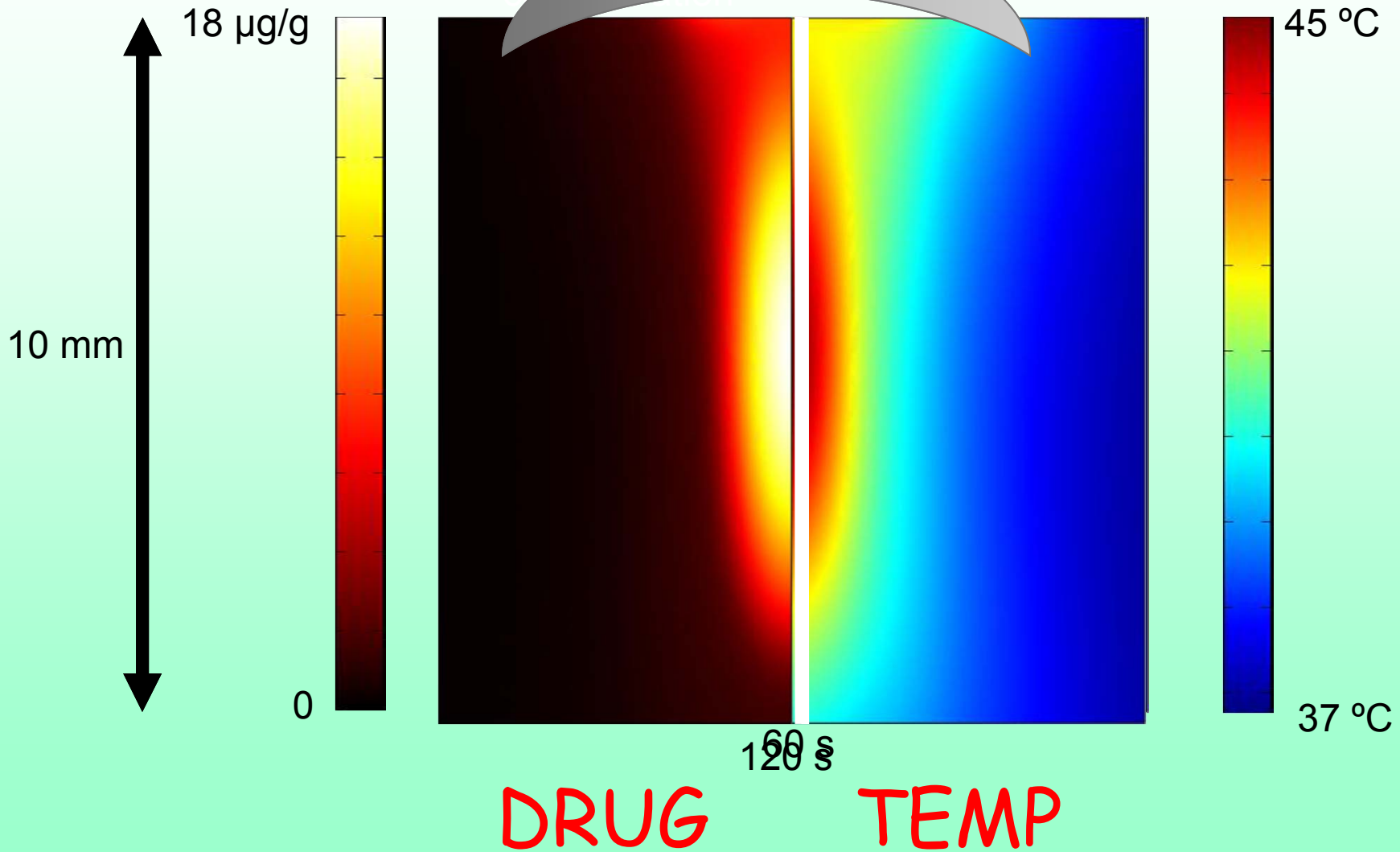


Feedback-controlled Liposomal Drug Delivery w/ MRI Guided HIFU



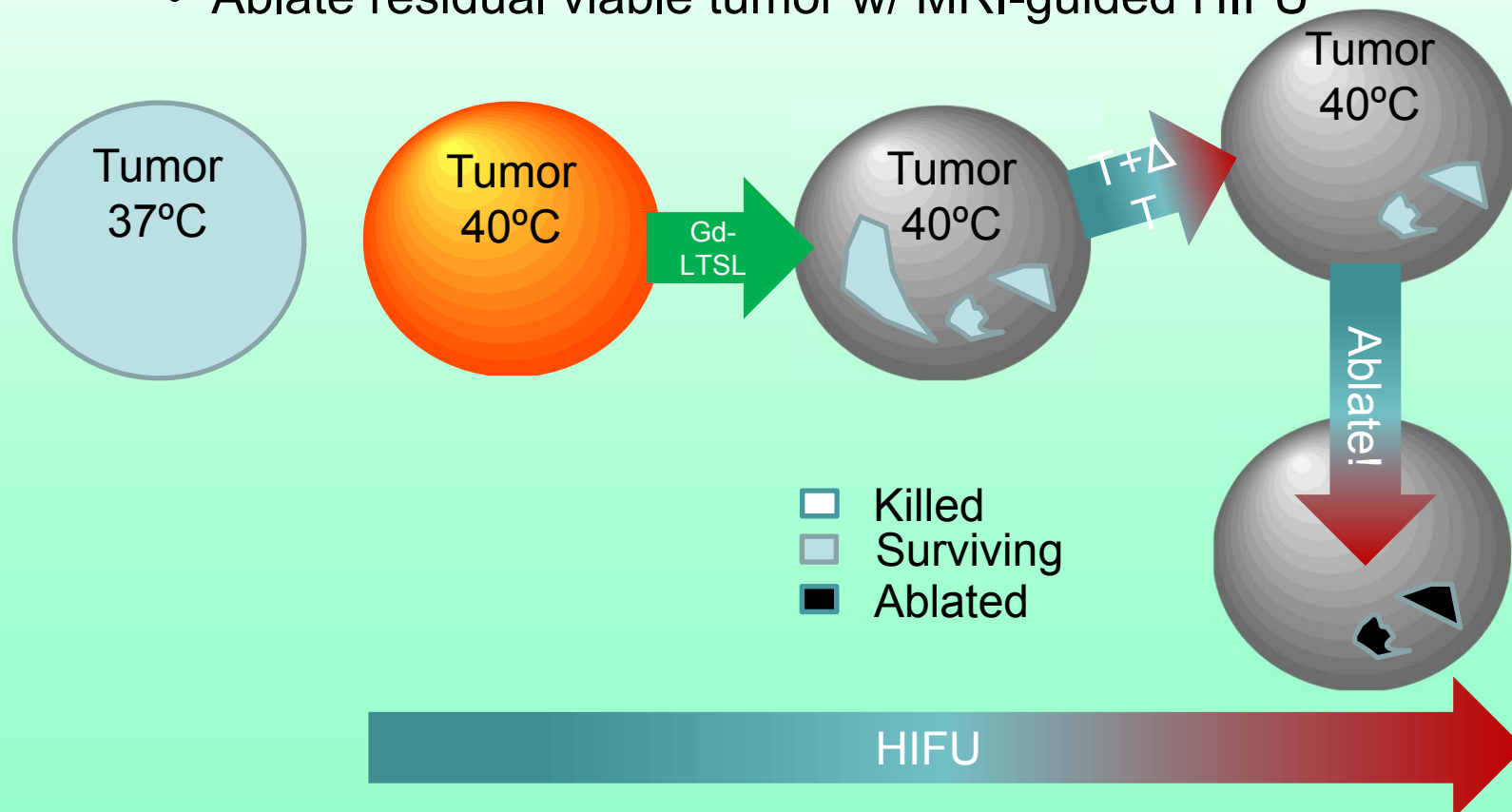
Paired heat transfer pk model: HIFU + Drug

Transducer



Modify HIFU for hyperthermia, drug delivery, & thermal ablation

- Poorly perfused regions → poor delivery of drug
 - **Solutions:**
 - Adjust T to perfusion for homogeneous delivery
 - Ablate residual viable tumor w/ MRI-guided HIFU



Tissue Alteration: Immunotherapy

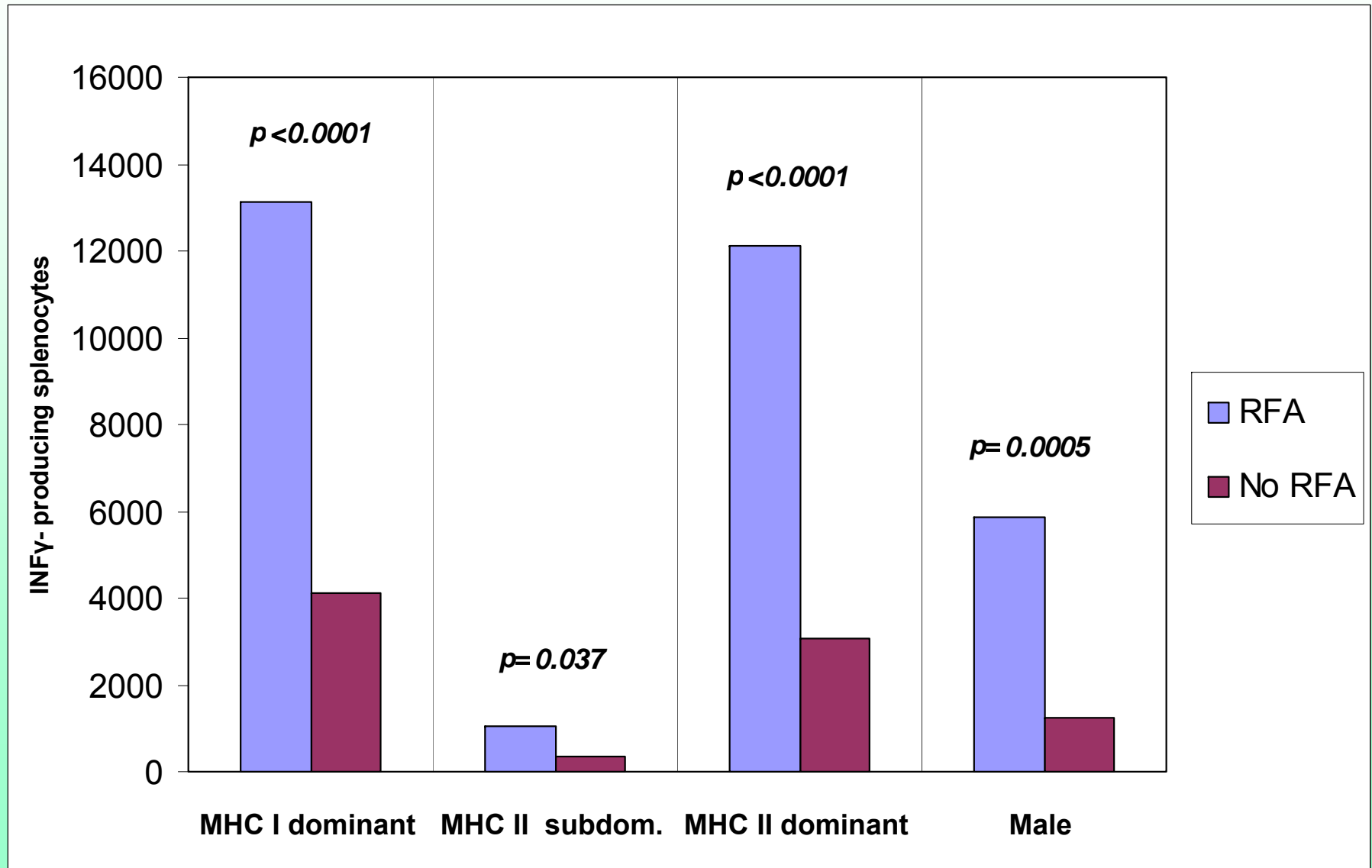


Pre-RFA

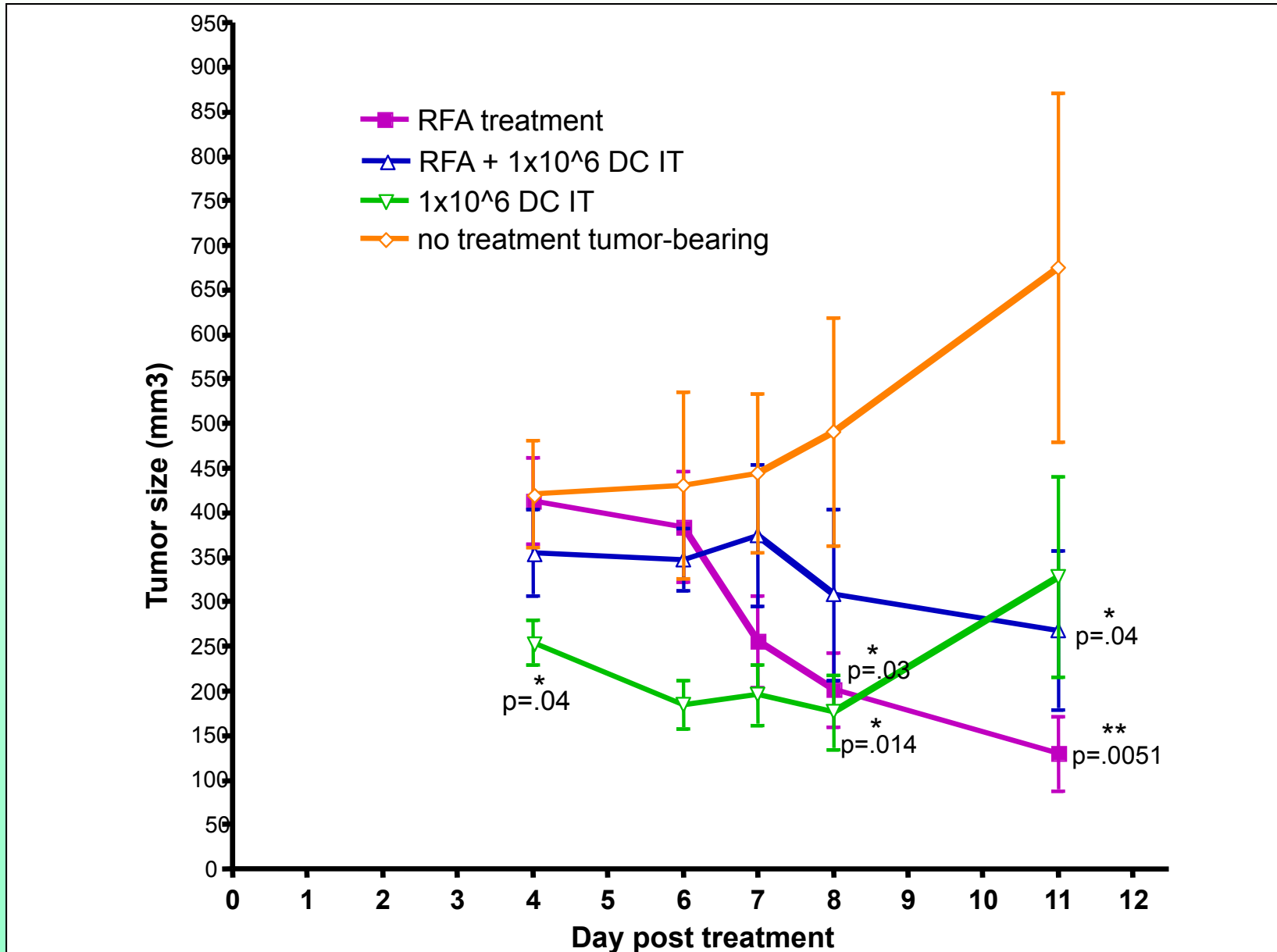


2 months Post RFA

Tumor Specific Response

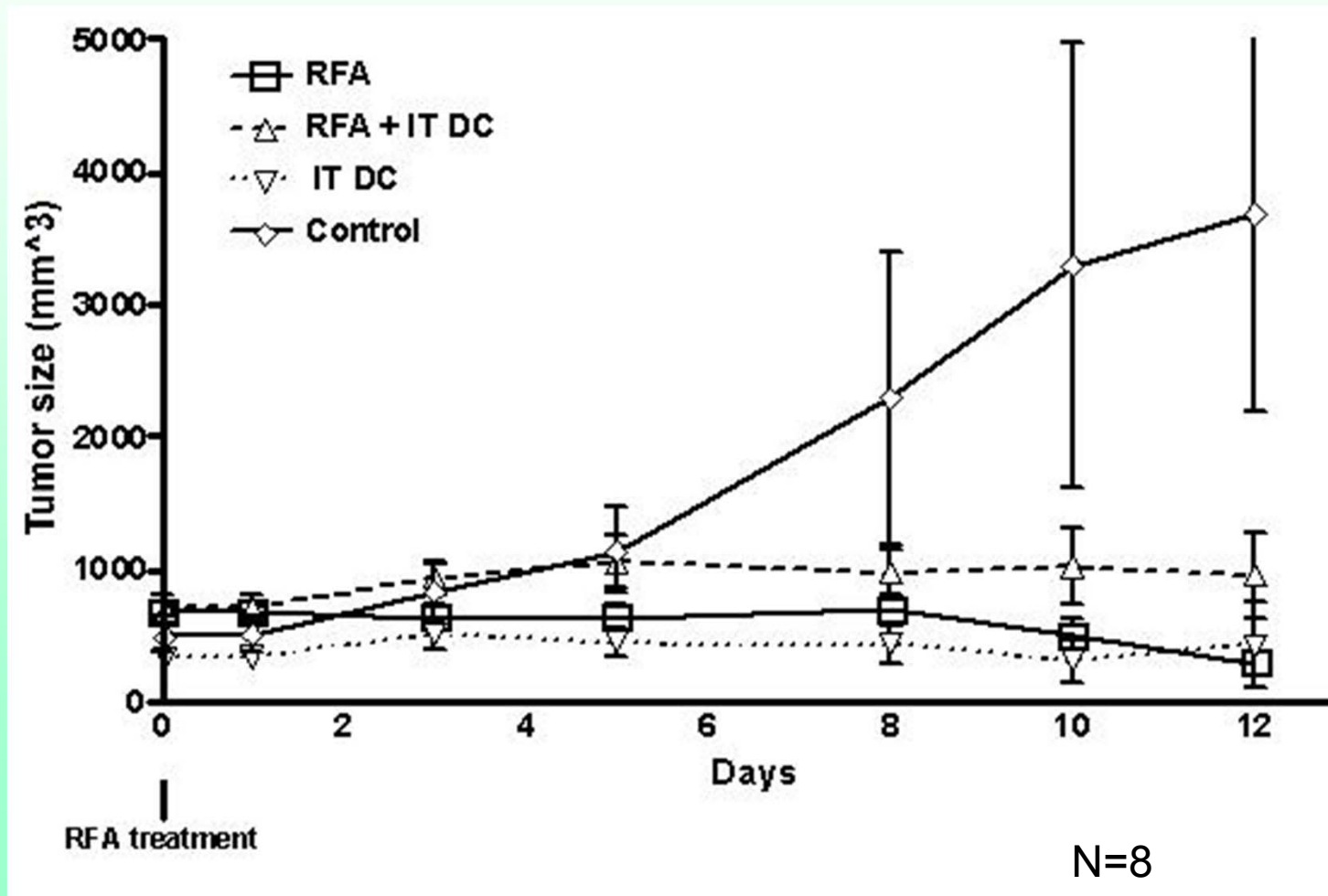


Results: Tumor regression



Re-challenge

Adoptive transfer
confer tumor immunity

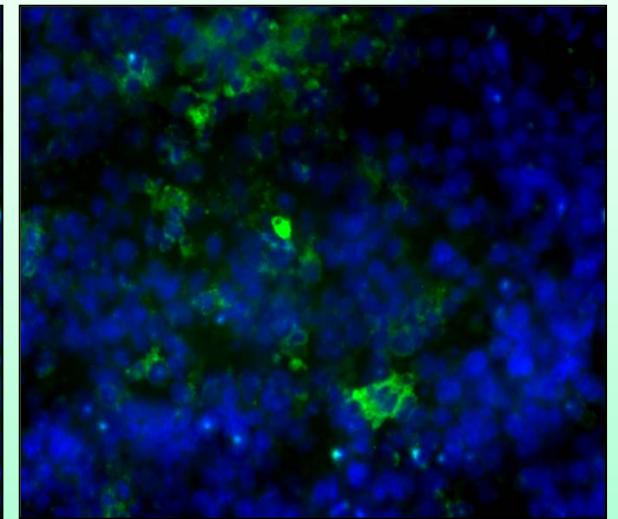
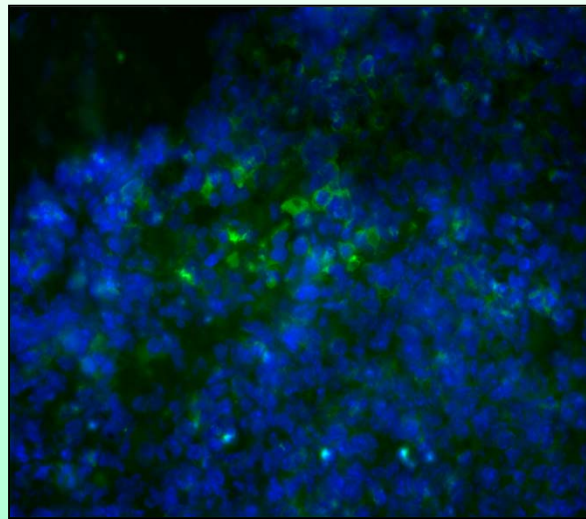
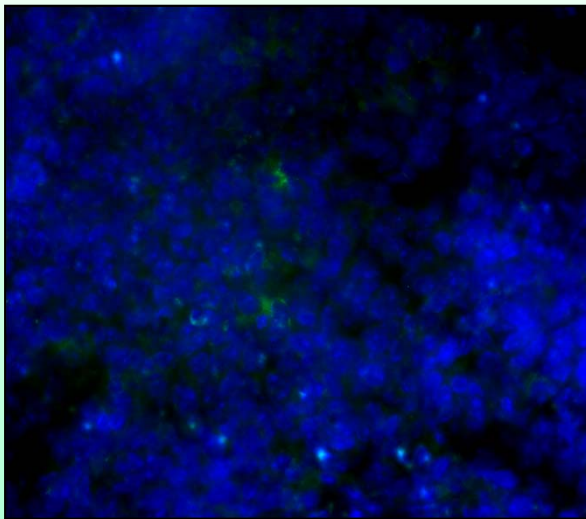


RFA Induces APC infiltration & amplification of tumor-specific immune response

Control

RFA

RFA *plus* DC



CD11C IF staining

DAPI (blue) \longrightarrow nuclei

CD11C (green) \longrightarrow APC



Team Science

Matt Dreher, Dieter Haemmerich, Ankur Kapoor, Ari Partanen, Jochen Kruecker, Sheng Xu, Sham Sokka, Karun Sharma, Elliot Levy, Aradhana Venkatesan, Nadine Abi-Jaoudeh, Mark Dewhirst, Pavel Yarmelenko, Julie Locklin, Neil Glossop, Peter Pinto, Marston Linehan, Kevin Camphausen, Aradhana Kaushal, James Pingpank, John Karanian, Bill Pritchard, Alberto Chiesa, Itzhak Avital, Udai Kammula



<http://www.cc.nih.gov/centerio/index.html>

